

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Pension Code is amended by changing
5 Section 24-102 as follows:

6 (40 ILCS 5/24-102) (from Ch. 108 1/2, par. 24-102)

7 Sec. 24-102. As used in this Article, "employee" means any
8 person, including a person elected, appointed or under
9 contract, receiving compensation from the State or a unit of
10 local government or school district for personal services
11 rendered, including salaried persons. A health care provider
12 who elects to participate in the State Employees Deferred
13 Compensation Plan established under Section 24-104 of this Code
14 shall, for purposes of that participation, be deemed an
15 "employee" as defined in this Section.

16 As used in this Article, "health care provider" means a
17 dentist, physician, optometrist, pharmacist, or podiatric
18 physician ~~podiatrist~~ that participates and receives
19 compensation as a provider under the Illinois Public Aid Code,
20 the Children's Health Insurance Act, or the Covering ALL KIDS
21 Health Insurance Act.

22 As used in this Article, "compensation" includes
23 compensation received in a lump sum for accumulated unused

1 vacation, personal leave or sick leave, with the exception of
2 health care providers. "Compensation" with respect to health
3 care providers is defined under the Illinois Public Aid Code,
4 the Children's Health Insurance Act, or the Covering ALL KIDS
5 Health Insurance Act.

6 Where applicable, in no event shall the total of the amount
7 of deferred compensation of an employee set aside in relation
8 to a particular year under the Illinois State Employees
9 Deferred Compensation Plan and the employee's nondeferred
10 compensation for that year exceed the total annual salary or
11 compensation under the existing salary schedule or
12 classification plan applicable to such employee in such year;
13 except that any compensation received in a lump sum for
14 accumulated unused vacation, personal leave or sick leave shall
15 not be included in the calculation of such totals.

16 (Source: P.A. 96-806, eff. 7-1-10.)

17 Section 8. The Podiatric Scholarship and Residency Act is
18 amended by changing Sections 5 and 15 as follows:

19 (110 ILCS 978/5)

20 Sec. 5. Purposes. The purpose of this Act is to establish a
21 program in the Illinois Department of Public Health to upgrade
22 primary health care services for all citizens of the State by
23 providing grants to podiatric medicine residency programs,
24 scholarships to podiatry students, and a loan repayment program

1 for podiatric physicians ~~podiatrists~~ who will agree to practice
2 in areas of the State demonstrating the greatest need for more
3 professional medical care. The program shall encourage
4 podiatric physicians to locate in areas where health manpower
5 shortages exist and to increase the total number of podiatric
6 physicians in the State. Minority students shall be given
7 preference in selection for scholarships.

8 (Source: P.A. 87-1195.)

9 (110 ILCS 978/15)

10 Sec. 15. Powers and duties. The Department shall have the
11 following powers and duties:

12 (a) To allocate funds to podiatric practice residency
13 programs according to the following priorities:

14 (1) to increase the number of podiatric physicians in
15 designated shortage areas;

16 (2) to increase the number of accredited podiatric
17 practice residencies within the State;

18 (3) to increase the percentage of podiatric practice
19 physicians establishing practice within the State upon
20 completion of residency; and

21 (4) to provide funds for rental of office space,
22 purchase of equipment, and other uses necessary to enable
23 podiatric physicians ~~podiatrists~~ to locate their practices
24 in communities located in designated shortage areas.

25 (b) To determine the procedures for the distribution of the

1 funds to podiatric practice residency programs, including the
2 establishment of eligibility criteria in accordance with the
3 following guidelines:

4 (1) preference for programs that are to be established
5 at locations which exhibit potential for extending
6 podiatric practice physician availability to designated
7 shortage areas;

8 (2) preference for programs that are located away from
9 communities in which medical schools are located; and

10 (3) preference for programs located in hospitals
11 having affiliation agreements with medical schools located
12 within the State.

13 (c) To establish a program of podiatry student scholarships
14 and to award scholarships to eligible podiatry students.

15 (d) To determine criteria and standards of financial need
16 in the awarding of scholarships under this Act.

17 (e) To receive and disburse any federal funds available for
18 carrying out the purpose of this Act.

19 (f) To enter into contracts or agreements with any agency
20 or department of the State of Illinois or the United States to
21 carry out the provisions of this Act.

22 (g) To coordinate the podiatry residency grants program
23 established under this Act with the program administered by the
24 Illinois Board of Higher Education under the Health Services
25 Education Grants Act.

26 (Source: P.A. 87-1195.)

1 Section 10. The Ambulatory Surgical Treatment Center Act is
2 amended by changing Sections 3, 6, 6.5, 6.7, and 14 as follows:

3 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

4 Sec. 3. As used in this Act, unless the context otherwise
5 requires, the following words and phrases shall have the
6 meanings ascribed to them:

7 (A) "Ambulatory surgical treatment center" means any
8 institution, place or building devoted primarily to the
9 maintenance and operation of facilities for the performance of
10 surgical procedures or any facility in which a medical or
11 surgical procedure is utilized to terminate a pregnancy,
12 irrespective of whether the facility is devoted primarily to
13 this purpose. Such facility shall not provide beds or other
14 accommodations for the overnight stay of patients; however,
15 facilities devoted exclusively to the treatment of children may
16 provide accommodations and beds for their patients for up to 23
17 hours following admission. Individual patients shall be
18 discharged in an ambulatory condition without danger to the
19 continued well being of the patients or shall be transferred to
20 a hospital.

21 The term "ambulatory surgical treatment center" does not
22 include any of the following:

23 (1) Any institution, place, building or agency
24 required to be licensed pursuant to the "Hospital Licensing

1 Act", approved July 1, 1953, as amended.

2 (2) Any person or institution required to be licensed
3 pursuant to the Nursing Home Care Act, the Specialized
4 Mental Health Rehabilitation Act, or the ID/DD Community
5 Care Act.

6 (3) Hospitals or ambulatory surgical treatment centers
7 maintained by the State or any department or agency
8 thereof, where such department or agency has authority
9 under law to establish and enforce standards for the
10 hospitals or ambulatory surgical treatment centers under
11 its management and control.

12 (4) Hospitals or ambulatory surgical treatment centers
13 maintained by the Federal Government or agencies thereof.

14 (5) Any place, agency, clinic, or practice, public or
15 private, whether organized for profit or not, devoted
16 exclusively to the performance of dental or oral surgical
17 procedures.

18 (B) "Person" means any individual, firm, partnership,
19 corporation, company, association, or joint stock association,
20 or the legal successor thereof.

21 (C) "Department" means the Department of Public Health of
22 the State of Illinois.

23 (D) "Director" means the Director of the Department of
24 Public Health of the State of Illinois.

25 (E) "Physician" means a person licensed to practice
26 medicine in all of its branches in the State of Illinois.

1 (F) "Dentist" means a person licensed to practice dentistry
2 under the Illinois Dental Practice Act.

3 (G) "Podiatric physician" "~~Podiatrist~~" means a person
4 licensed to practice podiatry under the Podiatric Medical
5 Practice Act of 1987.

6 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
7 eff. 1-1-12; 97-813, eff. 7-13-12.)

8 (210 ILCS 5/6) (from Ch. 111 1/2, par. 157-8.6)

9 Sec. 6. Upon receipt of an application for a license, the
10 Director may deny the application for any of the following
11 reasons:

12 (1) Conviction of the applicant, or if the applicant is
13 a firm, partnership or association, of any of its members,
14 or if a corporation, of any of its officers or directors,
15 or of the person designated to manage or supervise the
16 facility, of a felony, or of 2 or more misdemeanors
17 involving moral turpitude, as shown by a certified copy of
18 the record of the court of conviction, or, in the case of
19 the conviction of a misdemeanor by a court not of record,
20 as shown by other evidence, if the Director determines,
21 after investigation, that such person has not been
22 sufficiently rehabilitated to warrant the public trust; or
23 other satisfactory evidence that the moral character of the
24 applicant, or manager, or supervisor of the facility is not
25 reputable;

1 (2) The licensure status or record of the applicant, or
2 if the applicant is a firm, partnership or association, of
3 any of its members, or if a corporation, of any of its
4 officers or directors, or of the person designated to
5 manage or supervise the facility, from any other state
6 where the applicant has done business in a similar capacity
7 indicates that granting a license to the applicant would be
8 detrimental to the interests of the public; or

9 (3) The applicant has insufficient financial or other
10 resources to operate and conduct the facility in accordance
11 with the requirements of this Act and the minimum
12 standards, rules and regulations promulgated thereunder.

13 The Director shall only issue a license if he finds that
14 the applicant facility complies with this Act and the rules,
15 regulations and standards promulgated pursuant thereto and:

16 (a) is under the medical supervision of one or more
17 physicians;

18 (b) permits a surgical procedure to be performed only
19 by a physician, podiatric physician, ~~podiatrist~~ or dentist
20 who at the time is privileged to have his patients admitted
21 by himself or an associated physician and is himself
22 privileged to perform surgical procedures in at least one
23 Illinois hospital; and

24 (c) maintains adequate medical records for each
25 patient.

26 A license, unless sooner suspended or revoked, shall be

1 renewable annually upon approval by the Department and payment
2 of a license fee of \$300. Each license shall be issued only for
3 the premises and persons named in the application and shall not
4 be transferable or assignable. The licenses shall be posted in
5 a conspicuous place on the licensed premises. A placard or
6 registry of all physicians on staff in the facility shall be
7 centrally located and available for inspection to any
8 interested person. The Department may, either before or after
9 the issuance of a license, request the cooperation of the State
10 Fire Marshal. The report and recommendations of this agency
11 shall be in writing and shall state with particularity its
12 findings with respect to compliance or noncompliance with such
13 minimum standards, rules and regulations.

14 The Director may issue a provisional license to any
15 ambulatory surgical treatment center which does not
16 substantially comply with the provisions of this Act and the
17 standards, rules and regulations promulgated by virtue thereof
18 provided that he finds that such ambulatory surgical treatment
19 center will undertake changes and corrections which upon
20 completion will render the ambulatory surgical treatment
21 center in substantial compliance with the provisions of this
22 Act, and the standards, rules and regulations adopted
23 hereunder, and provided that the health and safety of the
24 patients of the ambulatory surgical treatment center will be
25 protected during the period for which such provisional license
26 is issued. The Director shall advise the licensee of the

1 conditions under which such provisional license is issued,
2 including the manner in which the facilities fail to comply
3 with the provisions of the Act, standards, rules and
4 regulations, and the time within which the changes and
5 corrections necessary for such ambulatory surgical treatment
6 center to substantially comply with this Act, and the
7 standards, rules and regulations of the Department relating
8 thereto shall be completed.

9 A person or facility not licensed under this Act or the
10 Hospital Licensing Act shall not hold itself out to the public
11 as a "surgery center" or as a "center for surgery".

12 (Source: P.A. 88-490.)

13 (210 ILCS 5/6.5)

14 Sec. 6.5. Clinical privileges; advanced practice nurses.
15 All ambulatory surgical treatment centers (ASTC) licensed
16 under this Act shall comply with the following requirements:

17 (1) No ASTC policy, rule, regulation, or practice shall be
18 inconsistent with the provision of adequate collaboration and
19 consultation in accordance with Section 54.5 of the Medical
20 Practice Act of 1987.

21 (2) Operative surgical procedures shall be performed only
22 by a physician licensed to practice medicine in all its
23 branches under the Medical Practice Act of 1987, a dentist
24 licensed under the Illinois Dental Practice Act, or a podiatric
25 physician ~~podiatrist~~ licensed under the Podiatric Medical

1 Practice Act of 1987, with medical staff membership and
2 surgical clinical privileges granted by the consulting
3 committee of the ASTC. A licensed physician, dentist, or
4 podiatric physician ~~podiatrist~~ may be assisted by a physician
5 licensed to practice medicine in all its branches, dentist,
6 dental assistant, podiatric physician ~~podiatrist~~, licensed
7 advanced practice nurse, licensed physician assistant,
8 licensed registered nurse, licensed practical nurse, surgical
9 assistant, surgical technician, or other individuals granted
10 clinical privileges to assist in surgery by the consulting
11 committee of the ASTC. Payment for services rendered by an
12 assistant in surgery who is not an ambulatory surgical
13 treatment center employee shall be paid at the appropriate
14 non-physician modifier rate if the payor would have made
15 payment had the same services been provided by a physician.

16 (2.5) A registered nurse licensed under the Nurse Practice
17 Act and qualified by training and experience in operating room
18 nursing shall be present in the operating room and function as
19 the circulating nurse during all invasive or operative
20 procedures. For purposes of this paragraph (2.5), "circulating
21 nurse" means a registered nurse who is responsible for
22 coordinating all nursing care, patient safety needs, and the
23 needs of the surgical team in the operating room during an
24 invasive or operative procedure.

25 (3) An advanced practice nurse is not required to possess
26 prescriptive authority or a written collaborative agreement

1 meeting the requirements of the Nurse Practice Act to provide
2 advanced practice nursing services in an ambulatory surgical
3 treatment center. An advanced practice nurse must possess
4 clinical privileges granted by the consulting medical staff
5 committee and ambulatory surgical treatment center in order to
6 provide services. Individual advanced practice nurses may also
7 be granted clinical privileges to order, select, and administer
8 medications, including controlled substances, to provide
9 delineated care. The attending physician must determine the
10 advanced practice nurse's role in providing care for his or her
11 patients, except as otherwise provided in the consulting staff
12 policies. The consulting medical staff committee shall
13 periodically review the services of advanced practice nurses
14 granted privileges.

15 (4) The anesthesia service shall be under the direction of
16 a physician licensed to practice medicine in all its branches
17 who has had specialized preparation or experience in the area
18 or who has completed a residency in anesthesiology. An
19 anesthesiologist, Board certified or Board eligible, is
20 recommended. Anesthesia services may only be administered
21 pursuant to the order of a physician licensed to practice
22 medicine in all its branches, licensed dentist, or licensed
23 podiatric physician ~~podiatrist~~.

24 (A) The individuals who, with clinical privileges
25 granted by the medical staff and ASTC, may administer
26 anesthesia services are limited to the following:

- 1 (i) an anesthesiologist; or
2 (ii) a physician licensed to practice medicine in
3 all its branches; or
4 (iii) a dentist with authority to administer
5 anesthesia under Section 8.1 of the Illinois Dental
6 Practice Act; or
7 (iv) a licensed certified registered nurse
8 anesthetist; or
9 (v) a podiatric physician ~~podiatrist~~ licensed
10 under the Podiatric Medical Practice Act of 1987.

11 (B) For anesthesia services, an anesthesiologist shall
12 participate through discussion of and agreement with the
13 anesthesia plan and shall remain physically present and be
14 available on the premises during the delivery of anesthesia
15 services for diagnosis, consultation, and treatment of
16 emergency medical conditions. In the absence of 24-hour
17 availability of anesthesiologists with clinical
18 privileges, an alternate policy (requiring participation,
19 presence, and availability of a physician licensed to
20 practice medicine in all its branches) shall be developed
21 by the medical staff consulting committee in consultation
22 with the anesthesia service and included in the medical
23 staff consulting committee policies.

24 (C) A certified registered nurse anesthetist is not
25 required to possess prescriptive authority or a written
26 collaborative agreement meeting the requirements of

1 Section 65-35 of the Nurse Practice Act to provide
2 anesthesia services ordered by a licensed physician,
3 dentist, or podiatric physician ~~podiatrist~~. Licensed
4 certified registered nurse anesthetists are authorized to
5 select, order, and administer drugs and apply the
6 appropriate medical devices in the provision of anesthesia
7 services under the anesthesia plan agreed with by the
8 anesthesiologist or, in the absence of an available
9 anesthesiologist with clinical privileges, agreed with by
10 the operating physician, operating dentist, or operating
11 podiatric physician ~~podiatrist~~ in accordance with the
12 medical staff consulting committee policies of a licensed
13 ambulatory surgical treatment center.

14 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
15 95-911, eff. 8-26-08.)

16 (210 ILCS 5/6.7)

17 Sec. 6.7. Registered nurse administration of limited
18 levels of sedation or analgesia.

19 (a) Nothing in this Act precludes a registered nurse from
20 administering medications for the delivery of local or minimal
21 sedation ordered by a physician licensed to practice medicine
22 in all its branches, podiatric physician ~~podiatrist~~, or
23 dentist.

24 (b) If the ASTC policy allows the registered nurse to
25 deliver moderate sedation ordered by a physician licensed to

1 practice medicine in all its branches, podiatric physician
2 ~~podiatrist~~, or dentist, the following are required:

3 (1) The registered nurse must be under the supervision
4 of a physician licensed to practice medicine in all its
5 branches, podiatric physician ~~podiatrist~~, or dentist
6 during the delivery or monitoring of moderate sedation and
7 have no other responsibilities during the procedure.

8 (2) The registered nurse must maintain current
9 Advanced Cardiac Life Support certification or Pediatric
10 Advanced Life Support certification as appropriate to the
11 age of the patient.

12 (3) The supervising physician licensed to practice
13 medicine in all its branches, podiatric physician
14 ~~podiatrist~~, or dentist must have training and experience in
15 delivering and monitoring moderate sedation and possess
16 clinical privileges at the ASTC to administer moderate
17 sedation or analgesia.

18 (4) The supervising physician licensed to practice
19 medicine in all its branches, podiatric physician
20 ~~podiatrist~~, or dentist must remain physically present and
21 available on the premises during the delivery of moderate
22 sedation for diagnosis, consultation, and treatment of
23 emergency medical conditions.

24 (5) The supervising physician licensed to practice
25 medicine in all its branches, podiatric physician
26 ~~podiatrist~~, or dentist must maintain current Advanced

1 Cardiac Life Support certification or Pediatric Advanced
2 Life Support certification as appropriate to the age of the
3 patient.

4 (c) Local, minimal, and moderate sedation shall be defined
5 by the Division of Professional Regulation of the Department of
6 Financial and Professional Regulation. Registered nurses shall
7 be limited to administering medications for moderate sedation
8 at doses rapidly reversible pharmacologically as determined by
9 rule by the Division of Professional Regulation of the
10 Department of Financial and Professional Regulation.

11 (Source: P.A. 94-861, eff. 6-16-06.)

12 (210 ILCS 5/14) (from Ch. 111 1/2, par. 157-8.14)

13 Sec. 14. The Governor shall appoint an Ambulatory Surgical
14 Treatment Center Licensing Board composed of 12 persons. Four
15 members shall be practicing physicians; one member shall be a
16 practicing podiatric physician ~~podiatrist~~; one member shall be
17 a dentist who has been licensed to perform oral surgery; one
18 member shall be an Illinois registered professional nurse who
19 is employed in an ambulatory surgical treatment center; one
20 member shall be a person actively engaged in the supervision or
21 administration of a health facility; and 4 members shall
22 represent the general public and shall have no personal
23 economic interest in any institution, place or building
24 licensed pursuant to this Act. In making Board appointments,
25 the Governor shall give consideration to recommendations made

1 through the Director by appropriate professional
2 organizations.

3 Each member shall hold office for a term of 3 years and the
4 terms of office of the members first taking office shall
5 expire, as designated at the time of appointment, 3 at the end
6 of the first year, 3 at the end of the second year, and 6 at the
7 end of the third year, after the date of appointment. The term
8 of office of each original appointee shall commence October 1,
9 1973; and the term of office of each successor shall commence
10 on October 1 of the year in which his predecessor's term
11 expires. Any member appointed to fill a vacancy occurring prior
12 to the expiration of the term for which his predecessor was
13 appointed shall be appointed for the remainder of such term.
14 Board members, while serving on business of the Board shall
15 receive actual and necessary travel and subsistence expenses
16 while so serving away from their places of residence. The Board
17 shall meet as frequently as the Director deems necessary, but
18 not less than once a year. Upon request of 3 or more members,
19 the Director shall call a meeting of the Board.

20 The Board shall advise and consult with the Department in
21 the administration of this Act, provided that no rule shall be
22 adopted by the Department concerning the operation of
23 ambulatory surgical treatment centers licensed under this Act
24 which has not had prior approval of the Ambulatory Surgical
25 Treatment Center Licensing Board. The Department shall submit a
26 final draft of all rules to the Board for review and approval.

1 The final draft rules shall be placed upon the agenda of a
2 scheduled Board meeting which shall be called within 90 days of
3 the submission of such rules. If the Board takes no action on
4 the final draft rules within the 90-day period, the rules shall
5 be considered approved and the Department may proceed with
6 their promulgation in conformance with the Illinois
7 Administrative Procedure Act. If the final draft rules are
8 approved by virtue of the Board's failure to act, the
9 Department shall afford any member of the Board 10 days within
10 which to comment upon such rules. In the event of a rule
11 promulgation without approval of the Board, the Department
12 shall allow the Board an ex post facto opportunity to discuss
13 such rule following its adoption.

14 (Source: P.A. 86-1292.)

15 Section 15. The Illinois Clinical Laboratory and Blood Bank
16 Act is amended by changing Sections 2-127, 7-101, 7-108, and
17 7-112 as follows:

18 (210 ILCS 25/2-127) (from Ch. 111 1/2, par. 622-127)

19 Sec. 2-127. "Podiatric physician ~~Podiatrist~~" means a
20 person licensed in Illinois to practice podiatry.

21 (Source: P.A. 87-1269.)

22 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

23 Sec. 7-101. Examination of specimens. A clinical

1 laboratory shall examine specimens only at the request of (i) a
2 licensed physician, (ii) a licensed dentist, (iii) a licensed
3 podiatric physician ~~podiatrist~~, (iv) a therapeutic optometrist
4 for diagnostic or therapeutic purposes related to the use of
5 diagnostic topical or therapeutic ocular pharmaceutical
6 agents, as defined in subsections (c) and (d) of Section 15.1
7 of the Illinois Optometric Practice Act of 1987, (v) a licensed
8 physician assistant in accordance with the written guidelines
9 required under subdivision (3) of Section 4 and under Section
10 7.5 of the Physician Assistant Practice Act of 1987, (v-A) an
11 advanced practice nurse in accordance with the written
12 collaborative agreement required under Section 65-35 of the
13 Nurse Practice Act, (vi) an authorized law enforcement agency
14 or, in the case of blood alcohol, at the request of the
15 individual for whom the test is to be performed in compliance
16 with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code,
17 or (vii) a genetic counselor with the specific authority from a
18 referral to order a test or tests pursuant to subsection (b) of
19 Section 20 of the Genetic Counselor Licensing Act. If the
20 request to a laboratory is oral, the physician or other
21 authorized person shall submit a written request to the
22 laboratory within 48 hours. If the laboratory does not receive
23 the written request within that period, it shall note that fact
24 in its records. For purposes of this Section, a request made by
25 electronic mail or fax constitutes a written request.

26 (Source: P.A. 96-1313, eff. 7-27-10; 97-333, eff. 8-12-11.)

1 (210 ILCS 25/7-108) (from Ch. 111 1/2, par. 627-108)

2 Sec. 7-108. Duties of blood banks. A blood bank shall:

3 (a) Collect, process, and provide for use blood or blood
4 components from a blood donor only upon the consent of that
5 donor and under the direction or delegated direction of the
6 blood bank Medical Director.

7 (b) Transfuse blood or blood components upon the request of
8 a physician licensed to practice medicine in all its branches,
9 a dentist, or a podiatric physician ~~podiatrist~~ who is on the
10 medical staff of a hospital and has permission from the medical
11 staff to make such a request. If the request is oral, the
12 physician or other authorized person shall submit a written
13 request to the blood bank within 48 hours. If the blood bank
14 does not receive the written request within that period, it
15 shall note that fact in its records.

16 (Source: P.A. 87-1269.)

17 (210 ILCS 25/7-112) (from Ch. 111 1/2, par. 627-112)

18 Sec. 7-112. Blood from paid donor; transfusions. No blood
19 initially acquired from a paid donor may be administered by
20 transfusion in Illinois unless the physician licensed to
21 practice medicine in all its branches, the dentist, or the
22 podiatric physician ~~podiatrist~~ who is on the medical staff of a
23 hospital and has permission from the medical staff to request a
24 transfusion, who is in charge of the treatment of the patient

1 to whom the blood is to be administered, has directed that
2 blood acquired from a paid donor be administered to that
3 patient and has specified in the patient's medical record his
4 reason for this action.

5 Blood acquired from a paid donor shall be transferred for
6 transfusion purposes in this State only as expressly permitted
7 by rules promulgated by the Illinois Department of Public
8 Health.

9 (Source: P.A. 87-1269.)

10 Section 20. The Abused and Neglected Long Term Care
11 Facility Residents Reporting Act is amended by changing Section
12 4 as follows:

13 (210 ILCS 30/4) (from Ch. 111 1/2, par. 4164)

14 Sec. 4. Any long term care facility administrator, agent or
15 employee or any physician, hospital, surgeon, dentist,
16 osteopath, chiropractor, podiatric physician ~~podiatrist~~,
17 accredited religious practitioner who provides treatment by
18 spiritual means alone through prayer in accordance with the
19 tenets and practices of the accrediting church, coroner, social
20 worker, social services administrator, registered nurse, law
21 enforcement officer, field personnel of the Department of
22 Healthcare and Family Services, field personnel of the Illinois
23 Department of Public Health and County or Municipal Health
24 Departments, personnel of the Department of Human Services

1 (acting as the successor to the Department of Mental Health and
2 Developmental Disabilities or the Department of Public Aid),
3 personnel of the Guardianship and Advocacy Commission,
4 personnel of the State Fire Marshal, local fire department
5 inspectors or other personnel, or personnel of the Illinois
6 Department on Aging, or its subsidiary Agencies on Aging, or
7 employee of a facility licensed under the Assisted Living and
8 Shared Housing Act, having reasonable cause to believe any
9 resident with whom they have direct contact has been subjected
10 to abuse or neglect shall immediately report or cause a report
11 to be made to the Department. Persons required to make reports
12 or cause reports to be made under this Section include all
13 employees of the State of Illinois who are involved in
14 providing services to residents, including professionals
15 providing medical or rehabilitation services and all other
16 persons having direct contact with residents; and further
17 include all employees of community service agencies who provide
18 services to a resident of a public or private long term care
19 facility outside of that facility. Any long term care surveyor
20 of the Illinois Department of Public Health who has reasonable
21 cause to believe in the course of a survey that a resident has
22 been abused or neglected and initiates an investigation while
23 on site at the facility shall be exempt from making a report
24 under this Section but the results of any such investigation
25 shall be forwarded to the central register in a manner and form
26 described by the Department.

1 The requirement of this Act shall not relieve any long term
2 care facility administrator, agent or employee of
3 responsibility to report the abuse or neglect of a resident
4 under Section 3-610 of the Nursing Home Care Act or under
5 Section 3-610 of the ID/DD Community Care Act or under Section
6 3-610 of the Specialized Mental Health Rehabilitation Act.

7 In addition to the above persons required to report
8 suspected resident abuse and neglect, any other person may make
9 a report to the Department, or to any law enforcement officer,
10 if such person has reasonable cause to suspect a resident has
11 been abused or neglected.

12 This Section also applies to residents whose death occurs
13 from suspected abuse or neglect before being found or brought
14 to a hospital.

15 A person required to make reports or cause reports to be
16 made under this Section who fails to comply with the
17 requirements of this Section is guilty of a Class A
18 misdemeanor.

19 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
20 eff. 1-1-12; 97-813, eff. 7-13-12.)

21 Section 25. The Hospital Licensing Act is amended by
22 changing Sections 10 and 10.7 as follows:

23 (210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

24 Sec. 10. Board creation; Department rules.

1 (a) The Governor shall appoint a Hospital Licensing Board
2 composed of 14 persons, which shall advise and consult with the
3 Director in the administration of this Act. The Secretary of
4 Human Services (or his or her designee) shall serve on the
5 Board, along with one additional representative of the
6 Department of Human Services to be designated by the Secretary.
7 Four appointive members shall represent the general public and
8 2 of these shall be members of hospital governing boards; one
9 appointive member shall be a registered professional nurse or
10 advanced practice, nurse as defined in the Nurse Practice Act,
11 who is employed in a hospital; 3 appointive members shall be
12 hospital administrators actively engaged in the supervision or
13 administration of hospitals; 2 appointive members shall be
14 practicing physicians, licensed in Illinois to practice
15 medicine in all of its branches; and one appointive member
16 shall be a physician licensed to practice podiatric medicine
17 under the Podiatric Medical Practice Act of 1987; and one
18 appointive member shall be a dentist licensed to practice
19 dentistry under the Illinois Dental Practice Act. In making
20 Board appointments, the Governor shall give consideration to
21 recommendations made through the Director by professional
22 organizations concerned with hospital administration for the
23 hospital administrative and governing board appointments,
24 registered professional nurse organizations for the registered
25 professional nurse appointment, professional medical
26 organizations for the physician appointments, and professional

1 dental organizations for the dentist appointment.

2 (b) Each appointive member shall hold office for a term of
3 3 years, except that any member appointed to fill a vacancy
4 occurring prior to the expiration of the term for which his
5 predecessor was appointed shall be appointed for the remainder
6 of such term and the terms of office of the members first
7 taking office shall expire, as designated at the time of
8 appointment, 2 at the end of the first year, 2 at the end of the
9 second year, and 3 at the end of the third year, after the date
10 of appointment. The initial terms of office of the 2 additional
11 members representing the general public provided for in this
12 Section shall expire at the end of the third year after the
13 date of appointment. The term of office of each original
14 appointee shall commence July 1, 1953; the term of office of
15 the original registered professional nurse appointee shall
16 commence July 1, 1969; the term of office of the original
17 licensed podiatric physician ~~podiatrist~~ appointee shall
18 commence July 1, 1981; the term of office of the original
19 dentist appointee shall commence July 1, 1987; and the term of
20 office of each successor shall commence on July 1 of the year
21 in which his predecessor's term expires. Board members, while
22 serving on business of the Board, shall receive actual and
23 necessary travel and subsistence expenses while so serving away
24 from their places of residence. The Board shall meet as
25 frequently as the Director deems necessary, but not less than
26 once a year. Upon request of 5 or more members, the Director

1 shall call a meeting of the Board.

2 (c) The Director shall prescribe rules, regulations,
3 standards, and statements of policy needed to implement,
4 interpret, or make specific the provisions and purposes of this
5 Act. The Department shall adopt rules which set forth standards
6 for determining when the public interest, safety or welfare
7 requires emergency action in relation to termination of a
8 research program or experimental procedure conducted by a
9 hospital licensed under this Act. No rule, regulation, or
10 standard shall be adopted by the Department concerning the
11 operation of hospitals licensed under this Act which has not
12 had prior approval of the Hospital Licensing Board, nor shall
13 the Department adopt any rule, regulation or standard relating
14 to the establishment of a hospital without consultation with
15 the Hospital Licensing Board.

16 (d) Within one year after the effective date of this
17 amendatory Act of 1984, all hospitals licensed under this Act
18 and providing perinatal care shall comply with standards of
19 perinatal care promulgated by the Department. The Director
20 shall promulgate rules or regulations under this Act which are
21 consistent with "An Act relating to the prevention of
22 developmental disabilities", approved September 6, 1973, as
23 amended.

24 (Source: P.A. 95-639, eff. 10-5-07.)

25 (210 ILCS 85/10.7)

1 Sec. 10.7. Clinical privileges; advanced practice nurses.
2 All hospitals licensed under this Act shall comply with the
3 following requirements:

4 (1) No hospital policy, rule, regulation, or practice shall
5 be inconsistent with the provision of adequate collaboration
6 and consultation in accordance with Section 54.5 of the Medical
7 Practice Act of 1987.

8 (2) Operative surgical procedures shall be performed only
9 by a physician licensed to practice medicine in all its
10 branches under the Medical Practice Act of 1987, a dentist
11 licensed under the Illinois Dental Practice Act, or a podiatric
12 physician ~~podiatrist~~ licensed under the Podiatric Medical
13 Practice Act of 1987, with medical staff membership and
14 surgical clinical privileges granted at the hospital. A
15 licensed physician, dentist, or podiatric physician ~~podiatrist~~
16 may be assisted by a physician licensed to practice medicine in
17 all its branches, dentist, dental assistant, podiatric
18 physician ~~podiatrist~~, licensed advanced practice nurse,
19 licensed physician assistant, licensed registered nurse,
20 licensed practical nurse, surgical assistant, surgical
21 technician, or other individuals granted clinical privileges
22 to assist in surgery at the hospital. Payment for services
23 rendered by an assistant in surgery who is not a hospital
24 employee shall be paid at the appropriate non-physician
25 modifier rate if the payor would have made payment had the same
26 services been provided by a physician.

1 (2.5) A registered nurse licensed under the Nurse Practice
2 Act and qualified by training and experience in operating room
3 nursing shall be present in the operating room and function as
4 the circulating nurse during all invasive or operative
5 procedures. For purposes of this paragraph (2.5), "circulating
6 nurse" means a registered nurse who is responsible for
7 coordinating all nursing care, patient safety needs, and the
8 needs of the surgical team in the operating room during an
9 invasive or operative procedure.

10 (3) An advanced practice nurse is not required to possess
11 prescriptive authority or a written collaborative agreement
12 meeting the requirements of the Nurse Practice Act to provide
13 advanced practice nursing services in a hospital. An advanced
14 practice nurse must possess clinical privileges recommended by
15 the medical staff and granted by the hospital in order to
16 provide services. Individual advanced practice nurses may also
17 be granted clinical privileges to order, select, and administer
18 medications, including controlled substances, to provide
19 delineated care. The attending physician must determine the
20 advanced practice nurse's role in providing care for his or her
21 patients, except as otherwise provided in medical staff bylaws.
22 The medical staff shall periodically review the services of
23 advanced practice nurses granted privileges. This review shall
24 be conducted in accordance with item (2) of subsection (a) of
25 Section 10.8 of this Act for advanced practice nurses employed
26 by the hospital.

1 (4) The anesthesia service shall be under the direction of
2 a physician licensed to practice medicine in all its branches
3 who has had specialized preparation or experience in the area
4 or who has completed a residency in anesthesiology. An
5 anesthesiologist, Board certified or Board eligible, is
6 recommended. Anesthesia services may only be administered
7 pursuant to the order of a physician licensed to practice
8 medicine in all its branches, licensed dentist, or licensed
9 podiatric physician ~~podiatrist~~.

10 (A) The individuals who, with clinical privileges
11 granted at the hospital, may administer anesthesia
12 services are limited to the following:

13 (i) an anesthesiologist; or

14 (ii) a physician licensed to practice medicine in
15 all its branches; or

16 (iii) a dentist with authority to administer
17 anesthesia under Section 8.1 of the Illinois Dental
18 Practice Act; or

19 (iv) a licensed certified registered nurse
20 anesthetist; or

21 (v) a podiatric physician ~~podiatrist~~ licensed
22 under the Podiatric Medical Practice Act of 1987.

23 (B) For anesthesia services, an anesthesiologist shall
24 participate through discussion of and agreement with the
25 anesthesia plan and shall remain physically present and be
26 available on the premises during the delivery of anesthesia

1 services for diagnosis, consultation, and treatment of
2 emergency medical conditions. In the absence of 24-hour
3 availability of anesthesiologists with medical staff
4 privileges, an alternate policy (requiring participation,
5 presence, and availability of a physician licensed to
6 practice medicine in all its branches) shall be developed
7 by the medical staff and licensed hospital in consultation
8 with the anesthesia service.

9 (C) A certified registered nurse anesthetist is not
10 required to possess prescriptive authority or a written
11 collaborative agreement meeting the requirements of
12 Section 65-35 of the Nurse Practice Act to provide
13 anesthesia services ordered by a licensed physician,
14 dentist, or podiatric physician ~~podiatrist~~. Licensed
15 certified registered nurse anesthetists are authorized to
16 select, order, and administer drugs and apply the
17 appropriate medical devices in the provision of anesthesia
18 services under the anesthesia plan agreed with by the
19 anesthesiologist or, in the absence of an available
20 anesthesiologist with clinical privileges, agreed with by
21 the operating physician, operating dentist, or operating
22 podiatric physician ~~podiatrist~~ in accordance with the
23 hospital's alternative policy.

24 (Source: P.A. 94-915, eff. 1-1-07; 95-639, eff. 10-5-07;
25 95-911, eff. 8-26-08.)

1 Section 30. The Voluntary Health Services Plans Act is
2 amended by changing Sections 2, 7, and 17 as follows:

3 (215 ILCS 165/2) (from Ch. 32, par. 596)

4 Sec. 2. For the purposes of this Act, the following terms
5 have the respective meanings set forth in this section, unless
6 different meanings are plainly indicated by the context:

7 (a) "Health Services Plan Corporation" means a corporation
8 organized under the terms of this Act for the purpose of
9 establishing and operating a voluntary health services plan and
10 providing other medically related services.

11 (b) "Voluntary health services plan" means either a plan or
12 system under which medical, hospital, nursing and relating
13 health services may be rendered to a subscriber or beneficiary
14 at the expense of a health services plan corporation, or any
15 contractual arrangement to provide, either directly or through
16 arrangements with others, dental care services to subscribers
17 and beneficiaries.

18 (c) "Subscriber" means a natural person to whom a
19 subscription certificate has been issued by a health services
20 plan corporation. Persons eligible under Section 5-2 of the
21 Illinois Public Aid Code may be subscribers if a written
22 agreement exists, as specified in Section 25 of this Act,
23 between the Health Services Plan Corporation and the Department
24 of Healthcare and Family Services. A subscription certificate
25 may be issued to such persons at no cost.

1 (d) "Beneficiary" means a person designated in a
2 subscription certificate as one entitled to receive health
3 services.

4 (e) "Health services" means those services ordinarily
5 rendered by physicians licensed in Illinois to practice
6 medicine in all of its branches, by podiatric physicians
7 ~~podiatrists~~ licensed in Illinois to practice podiatric
8 medicine, by dentists and dental surgeons licensed to practice
9 in Illinois, by nurses registered in Illinois, by dental
10 hygienists licensed to practice in Illinois, and by assistants
11 and technicians acting under professional supervision; it
12 likewise means hospital services as usually and customarily
13 rendered in Illinois, and the compounding and dispensing of
14 drugs and medicines by pharmacists and assistant pharmacists
15 registered in Illinois.

16 (f) "Subscription certificate" means a certificate issued
17 to a subscriber by a health services plan corporation, setting
18 forth the terms and conditions upon which health services shall
19 be rendered to a subscriber or a beneficiary.

20 (g) "Physician rendering service for a plan" means a
21 physician licensed in Illinois to practice medicine in all of
22 its branches who has undertaken or agreed, upon terms and
23 conditions acceptable both to himself and to the health
24 services plan corporation involved, to furnish medical service
25 to the plan's subscribers and beneficiaries.

26 (h) "Dentist or dental surgeon rendering service for a

1 plan" means a dentist or dental surgeon licensed in Illinois to
2 practice dentistry or dental surgery who has undertaken or
3 agreed, upon terms and conditions acceptable both to himself
4 and to the health services plan corporation involved, to
5 furnish dental or dental surgical services to the plan's
6 subscribers and beneficiaries.

7 (i) "Director" means the Director of Insurance of the State
8 of Illinois.

9 (j) "Person" means any of the following: a natural person,
10 corporation, partnership or unincorporated association.

11 (k) "Podiatric physician" ~~"Podiatrist"~~ or podiatric surgeon
12 rendering service for a plan" means any podiatric physician
13 ~~podiatrist~~ or podiatric surgeon licensed in Illinois to
14 practice podiatry, who has undertaken or agreed, upon terms and
15 conditions acceptable both to himself and to the health
16 services plan corporation involved, to furnish podiatric or
17 podiatric surgical services to the plan's subscribers and
18 beneficiaries.

19 (Source: P.A. 95-331, eff. 8-21-07.)

20 (215 ILCS 165/7) (from Ch. 32, par. 601)

21 Sec. 7. Every physician licensed in Illinois to practice
22 medicine in all of its branches, every podiatric physician
23 ~~podiatrist~~ licensed to practice podiatric medicine in
24 Illinois, and every dentist and dental surgeon licensed to
25 practice in Illinois may be eligible to render medical,

1 podiatric or dental services respectively, upon such terms and
2 conditions as may be mutually acceptable to such physician,
3 podiatric physician ~~podiatrist~~, dentist or dental surgeon and
4 to the health services plan corporation involved. Such a
5 corporation shall impose no restrictions on the physicians,
6 podiatric physicians ~~podiatrists~~, dentists or dental surgeons
7 who treat its subscribers as to methods of diagnosis or
8 treatment. The private physician-patient relationship shall be
9 maintained, and subscribers shall at all times have free choice
10 of any physician, podiatric physician ~~podiatrist~~, dentist or
11 dental surgeon who is rendering service on behalf of the
12 corporation. All of the records, charts, files and other data
13 of a health services plan corporation pertaining to the
14 condition of health of its subscribers and beneficiaries shall
15 be and remain confidential, and no disclosure of the contents
16 thereof shall be made by the corporation to any person, except
17 upon the prior written authorization of the particular
18 subscriber or beneficiary concerned.

19 (Source: P.A. 81-1456.)

20 (215 ILCS 165/17) (from Ch. 32, par. 611)

21 Sec. 17. A health services plan corporation may enter into
22 agreements with qualified physicians, podiatric physicians
23 ~~podiatrists~~, dentists, dental surgeons, pharmacists,
24 hospitals, nurses, registered optometrists, dental hygienists
25 and assistants or technicians acting under professional

1 supervision, and with other organizations, state and Federal
2 agencies, and corporations in the field of voluntary health
3 care.

4 (Source: P.A. 81-1456.)

5 Section 35. The Illinois Athletic Trainers Practice Act is
6 amended by changing Section 16 as follows:

7 (225 ILCS 5/16) (from Ch. 111, par. 7616)

8 (Section scheduled to be repealed on January 1, 2016)

9 Sec. 16. Refusal to issue, suspension, or revocation of
10 license. The Department may refuse to issue or renew, or may
11 revoke, suspend, place on probation, reprimand, or take other
12 disciplinary action as the Department may deem proper,
13 including fines not to exceed \$5,000 for each violation, with
14 regard to any licensee for any one or combination of the
15 following:

16 (A) Material misstatement in furnishing information to
17 the Department;

18 (B) Negligent or intentional disregard of this Act, or
19 of the rules or regulations promulgated hereunder;

20 (C) Conviction of any crime under the laws of the
21 United States or any state or territory thereof that is (i)
22 a felony, (ii) a misdemeanor, an essential element of which
23 is dishonesty, or (iii) of any crime that is directly
24 related to the practice of the profession;

1 (D) Making any misrepresentation for the purpose of
2 obtaining registration, or violating any provision of this
3 Act;

4 (E) Professional incompetence;

5 (F) Malpractice;

6 (G) Aiding or assisting another person in violating any
7 provision of this Act or rules;

8 (H) Failing, within 60 days, to provide information in
9 response to a written request made by the Department;

10 (I) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud or harm the public;

13 (J) Habitual intoxication or addiction to the use of
14 drugs;

15 (K) Discipline by another state, District of Columbia,
16 territory, or foreign nation, if at least one of the
17 grounds for the discipline is the same or substantially
18 equivalent to those set forth herein;

19 (L) Directly or indirectly giving to or receiving from
20 any person, firm, corporation, partnership, or association
21 any fee, commission, rebate, or other form of compensation
22 for any professional services not actually or personally
23 rendered. Nothing in this subparagraph (L) affects any bona
24 fide independent contractor or employment arrangements
25 among health care professionals, health facilities, health
26 care providers, or other entities, except as otherwise

1 prohibited by law. Any employment arrangements may include
2 provisions for compensation, health insurance, pension, or
3 other employment benefits for the provision of services
4 within the scope of the licensee's practice under this Act.
5 Nothing in this subparagraph (L) shall be construed to
6 require an employment arrangement to receive professional
7 fees for services rendered;

8 (M) A finding that the licensee after having his or her
9 license placed on probationary status has violated the
10 terms of probation;

11 (N) Abandonment of an athlete;

12 (O) Willfully making or filing false records or reports
13 in his or her practice, including but not limited to false
14 records filed with State agencies or departments;

15 (P) Willfully failing to report an instance of
16 suspected child abuse or neglect as required by the Abused
17 and Neglected Child Reporting Act;

18 (Q) Physical illness, including but not limited to
19 deterioration through the aging process, or loss of motor
20 skill that results in the inability to practice the
21 profession with reasonable judgment, skill, or safety;

22 (R) Solicitation of professional services other than
23 by permitted institutional policy;

24 (S) The use of any words, abbreviations, figures or
25 letters with the intention of indicating practice as an
26 athletic trainer without a valid license as an athletic

1 trainer under this Act;

2 (T) The evaluation or treatment of ailments of human
3 beings other than by the practice of athletic training as
4 defined in this Act or the treatment of injuries of
5 athletes by a licensed athletic trainer except by the
6 referral of a physician, podiatric physician ~~podiatrist~~,
7 or dentist;

8 (U) Willfully violating or knowingly assisting in the
9 violation of any law of this State relating to the use of
10 habit-forming drugs;

11 (V) Willfully violating or knowingly assisting in the
12 violation of any law of this State relating to the practice
13 of abortion;

14 (W) Continued practice by a person knowingly having an
15 infectious communicable or contagious disease;

16 (X) Being named as a perpetrator in an indicated report
17 by the Department of Children and Family Services pursuant
18 to the Abused and Neglected Child Reporting Act and upon
19 proof by clear and convincing evidence that the licensee
20 has caused a child to be an abused child or neglected child
21 as defined in the Abused and Neglected Child Reporting Act;

22 (Y) Failure to file a return, or to pay the tax,
23 penalty, or interest shown in a filed return, or to pay any
24 final assessment of tax, penalty, or interest, as required
25 by any tax Act administered by the Illinois Department of
26 Revenue, until such time as the requirements of any such

1 tax Act are satisfied; or

2 (Z) Failure to fulfill continuing education
3 requirements as prescribed in Section 10 of this Act.

4 The determination by a circuit court that a licensee is
5 subject to involuntary admission or judicial admission as
6 provided in the Mental Health and Developmental Disabilities
7 Code operates as an automatic suspension. Such suspension will
8 end only upon a finding by a court that the athletic trainer is
9 no longer subject to involuntary admission or judicial
10 admission and issues an order so finding and discharging the
11 athlete; and upon the recommendation of the Board to the
12 Director that the licensee be allowed to resume his or her
13 practice.

14 (Source: P.A. 96-1482, eff. 11-29-10.)

15 Section 36. The Health Care Worker Self-Referral Act is
16 amended by changing Section 15 as follows:

17 (225 ILCS 47/15)

18 Sec. 15. Definitions. In this Act:

19 (a) "Board" means the Health Facilities and Services Review
20 Board.

21 (b) "Entity" means any individual, partnership, firm,
22 corporation, or other business that provides health services
23 but does not include an individual who is a health care worker
24 who provides professional services to an individual.

1 (c) "Group practice" means a group of 2 or more health care
2 workers legally organized as a partnership, professional
3 corporation, not-for-profit corporation, faculty practice plan
4 or a similar association in which:

5 (1) each health care worker who is a member or employee
6 or an independent contractor of the group provides
7 substantially the full range of services that the health
8 care worker routinely provides, including consultation,
9 diagnosis, or treatment, through the use of office space,
10 facilities, equipment, or personnel of the group;

11 (2) the services of the health care workers are
12 provided through the group, and payments received for
13 health services are treated as receipts of the group; and

14 (3) the overhead expenses and the income from the
15 practice are distributed by methods previously determined
16 by the group.

17 (d) "Health care worker" means any individual licensed
18 under the laws of this State to provide health services,
19 including but not limited to: dentists licensed under the
20 Illinois Dental Practice Act; dental hygienists licensed under
21 the Illinois Dental Practice Act; nurses and advanced practice
22 nurses licensed under the Nurse Practice Act; occupational
23 therapists licensed under the Illinois Occupational Therapy
24 Practice Act; optometrists licensed under the Illinois
25 Optometric Practice Act of 1987; pharmacists licensed under the
26 Pharmacy Practice Act; physical therapists licensed under the

1 Illinois Physical Therapy Act; physicians licensed under the
2 Medical Practice Act of 1987; physician assistants licensed
3 under the Physician Assistant Practice Act of 1987; podiatric
4 physicians ~~podiatrists~~ licensed under the Podiatric Medical
5 Practice Act of 1987; clinical psychologists licensed under the
6 Clinical Psychologist Licensing Act; clinical social workers
7 licensed under the Clinical Social Work and Social Work
8 Practice Act; speech-language pathologists and audiologists
9 licensed under the Illinois Speech-Language Pathology and
10 Audiology Practice Act; or hearing instrument dispensers
11 licensed under the Hearing Instrument Consumer Protection Act,
12 or any of their successor Acts.

13 (e) "Health services" means health care procedures and
14 services provided by or through a health care worker.

15 (f) "Immediate family member" means a health care worker's
16 spouse, child, child's spouse, or a parent.

17 (g) "Investment interest" means an equity or debt security
18 issued by an entity, including, without limitation, shares of
19 stock in a corporation, units or other interests in a
20 partnership, bonds, debentures, notes, or other equity
21 interests or debt instruments except that investment interest
22 for purposes of Section 20 does not include interest in a
23 hospital licensed under the laws of the State of Illinois.

24 (h) "Investor" means an individual or entity directly or
25 indirectly owning a legal or beneficial ownership or investment
26 interest, (such as through an immediate family member, trust,

1 or another entity related to the investor).

2 (i) "Office practice" includes the facility or facilities
3 at which a health care worker, on an ongoing basis, provides or
4 supervises the provision of professional health services to
5 individuals.

6 (j) "Referral" means any referral of a patient for health
7 services, including, without limitation:

8 (1) The forwarding of a patient by one health care
9 worker to another health care worker or to an entity
10 outside the health care worker's office practice or group
11 practice that provides health services.

12 (2) The request or establishment by a health care
13 worker of a plan of care outside the health care worker's
14 office practice or group practice that includes the
15 provision of any health services.

16 (Source: P.A. 95-639, eff. 10-5-07; 95-689, eff. 10-29-07;
17 95-876, eff. 8-21-08; 96-31, eff. 6-30-09.)

18 Section 38. The Home Medical Equipment and Services
19 Provider License Act is amended by changing Section 15 as
20 follows:

21 (225 ILCS 51/15)

22 (Section scheduled to be repealed on January 1, 2018)

23 Sec. 15. Licensure requirement; exempt activities.

24 (a) No entity shall provide home medical equipment and

1 services, or use the title "home medical equipment and services
2 provider" in connection with his or her profession or business,
3 without a license issued by the Department under this Act.

4 (b) Nothing in this Act shall be construed as preventing or
5 restricting the practices, services, or activities of the
6 following, unless those practices, services, or activities
7 include providing home medical equipment and services through a
8 separate legal entity:

9 (1) a person licensed or registered in this State by
10 any other law engaging in the profession or occupation for
11 which he or she is licensed or registered;

12 (2) a home medical services provider entity that is
13 accredited under home care standards by a recognized
14 accrediting body;

15 (3) home health agencies that do not have a Part B
16 Medicare supplier number or that do not engage in the
17 provision of home medical equipment and services;

18 (4) hospitals, excluding hospital-owned and
19 hospital-related providers of home medical equipment and
20 services;

21 (5) manufacturers and wholesale distributors of home
22 medical equipment who do not sell directly to a patient;

23 (6) health care practitioners who lawfully prescribe
24 or order home medical equipment and services, or who use
25 home medical equipment and services to treat their
26 patients, including but not limited to physicians, nurses,

1 physical therapists, respiratory therapists, occupational
2 therapists, speech-language pathologists, optometrists,
3 chiropractors, and podiatric physicians ~~podiatrists~~;

4 (7) pharmacists, pharmacies, and home infusion
5 pharmacies that are not engaged in the sale or rental of
6 home medical equipment and services;

7 (8) hospice programs that do not involve the sale or
8 rental of home medical equipment and services;

9 (9) nursing homes;

10 (10) veterinarians;

11 (11) dentists; and

12 (12) emergency medical service providers.

13 (Source: P.A. 90-532, eff. 11-14-97.)

14 Section 39. The Massage Licensing Act is amended by
15 changing Section 25 as follows:

16 (225 ILCS 57/25)

17 (Section scheduled to be repealed on January 1, 2022)

18 Sec. 25. Exemptions.

19 (a) This Act does not prohibit a person licensed under any
20 other Act in this State from engaging in the practice for which
21 he or she is licensed.

22 (b) Persons exempted under this Section include, but are
23 not limited to, physicians, podiatric physicians ~~podiatrists~~,
24 naprapaths, and physical therapists.

1 (c) Nothing in this Act prohibits qualified members of
2 other professional groups, including but not limited to nurses,
3 occupational therapists, cosmetologists, and estheticians,
4 from performing massage in a manner consistent with their
5 training and the code of ethics of their respective
6 professions.

7 (d) Nothing in this Act prohibits a student of an approved
8 massage school or program from performing massage, provided
9 that the student does not hold himself or herself out as a
10 licensed massage therapist and does not receive compensation,
11 including tips, for massage therapy services.

12 (e) Nothing in this Act prohibits practitioners that do not
13 involve intentional soft tissue manipulation, including but
14 not limited to Alexander Technique, Feldenkrais, Reike, and
15 Therapeutic Touch, from practicing.

16 (f) Practitioners of certain service marked bodywork
17 approaches that do involve intentional soft tissue
18 manipulation, including but not limited to Rolfing, Trager
19 Approach, Polarity Therapy, and Orthobionomy, are exempt from
20 this Act if they are approved by their governing body based on
21 a minimum level of training, demonstration of competency, and
22 adherence to ethical standards.

23 (g) Practitioners of Asian bodywork approaches are exempt
24 from this Act if they are members of the American Organization
25 of Bodywork Therapies of Asia as certified practitioners or if
26 they are approved by an Asian bodywork organization based on a

1 minimum level of training, demonstration of competency, and
2 adherence to ethical standards set by their governing body.

3 (h) Practitioners of other forms of bodywork who restrict
4 manipulation of soft tissue to the feet, hands, and ears, and
5 who do not have the client disrobe, such as reflexology, are
6 exempt from this Act.

7 (i) Nothing in this Act applies to massage therapists from
8 other states or countries when providing educational programs
9 or services for a period not exceeding 30 days within a
10 calendar year.

11 (j) Nothing in this Act prohibits a person from treating
12 ailments by spiritual means through prayer alone in accordance
13 with the tenets and practices of a recognized church or
14 religious denomination.

15 (k) Nothing in this Act applies to the practice of massage
16 therapy by a person either actively licensed as a massage
17 therapist in another state or currently certified by the
18 National Certification Board of Therapeutic Massage and
19 Bodywork or other national certifying body if said person's
20 state does not license massage therapists, if he or she is
21 performing his or her duties for a non-Illinois based team or
22 organization, or for a national athletic event held in this
23 State, so long as he or she restricts his or her practice to
24 his or her team or organization or to event participants during
25 the course of his or her team's or organization's stay in this
26 State or for the duration of the event.

1 (Source: P.A. 96-7, eff. 4-3-09; 97-514, eff. 8-23-11.)

2 Section 40. The Naprapathic Practice Act is amended by
3 changing Sections 10, 15, and 110 as follows:

4 (225 ILCS 63/10)

5 (Section scheduled to be repealed on January 1, 2023)

6 Sec. 10. Definitions. In this Act:

7 "Address of record" means the designated address recorded
8 by the Department in the applicant's or licensee's application
9 file or license file as maintained by the Department's
10 licensure maintenance unit. It is the duty of the applicant or
11 licensee to inform the Department of any change of address and
12 those changes must be made either through the Department's
13 website or by contacting the Department.

14 "Naprapath" means a person who practices Naprapathy and who
15 has met all requirements as provided in the Act.

16 "Department" means the Department of Financial and
17 Professional Regulation.

18 "Secretary" means the Secretary of the Department of
19 Financial and Professional Regulation.

20 "Referral" means the following of guidance or direction to
21 the naprapath given by the licensed physician, dentist, or
22 podiatric physician ~~podiatrist~~ who maintains supervision of
23 the patient.

24 "Documented current and relevant diagnosis" means a

1 diagnosis, substantiated by signature or oral verification of a
2 licensed physician, dentist, or podiatric physician
3 ~~podiatrist~~, that a patient's condition is such that it may be
4 treated by naprapathy as defined in this Act, which diagnosis
5 shall remain in effect until changed by the licensed physician,
6 dentist, or podiatric physician ~~podiatrist~~.

7 (Source: P.A. 97-778, eff. 7-13-12.)

8 (225 ILCS 63/15)

9 (Section scheduled to be repealed on January 1, 2023)

10 Sec. 15. Practice of naprapathy defined; referrals.
11 Naprapathic practice means the evaluation of persons with
12 connective tissue disorders through the use of naprapathic case
13 history and palpation or treatment of persons by the use of
14 connective tissue manipulation, therapeutic and rehabilitative
15 exercise, postural counseling, nutritional counseling, and the
16 use of the effective properties of physical measures of heat,
17 cold, light, water, radiant energy, electricity, sound and air,
18 and assistive devices for the purpose of preventing,
19 correcting, or alleviating a physical disability.

20 Naprapathic practice includes, but is not limited to, the
21 treatment of contractures, muscle spasms, inflammation, scar
22 tissue formation, adhesions, lesions, laxity, hypotonicity,
23 rigidity, structural imbalance, bruising, contusions, muscular
24 atrophy, and partial separation of connective tissue fibers.

25 Naprapathic practice also includes: (a) performance of

1 specialized tests and measurements, (b) administration of
2 specialized treatment procedures, (c) interpretation of
3 referrals from licensed physicians, dentists, and podiatric
4 physicians ~~podiatrists~~, (d) establishment and modification of
5 naprapathic treatment programs, and (e) supervision or
6 teaching of naprapathy.

7 Naprapathic practice does not include radiology, surgery,
8 pharmacology, invasive diagnostic testing, or determination of
9 a differential diagnosis; provided, however, the limitation on
10 determining a differential diagnosis shall not in any manner
11 limit a naprapath licensed under this Act from performing an
12 evaluation authorized under this Act. A naprapath licensed
13 under this Act who is not also licensed as a physical therapist
14 under the Illinois Physical Therapy Act shall not hold himself
15 or herself out as qualified to provide physical therapy or
16 physiotherapy services. Nothing in this Section shall limit a
17 naprapath from employing appropriate naprapathic techniques
18 that he or she is educated and licensed to perform. A naprapath
19 shall refer to a licensed physician, dentist, or podiatric
20 physician ~~podiatrist~~ any patient whose medical condition
21 should, at the time of evaluation or treatment, be determined
22 to be beyond the scope of practice of the naprapath.

23 (Source: P.A. 87-1231.)

24 (225 ILCS 63/110)

25 (Section scheduled to be repealed on January 1, 2023)

1 Sec. 110. Grounds for disciplinary action; refusal,
2 revocation, suspension.

3 (a) The Department may refuse to issue or to renew, or may
4 revoke, suspend, place on probation, reprimand or take other
5 disciplinary or non-disciplinary action as the Department may
6 deem appropriate, including imposing fines not to exceed
7 \$10,000 for each violation, with regard to any licensee or
8 license for any one or combination of the following causes:

9 (1) Violations of this Act or of rules adopted under
10 this Act.

11 (2) Material misstatement in furnishing information to
12 the Department.

13 (3) Conviction by plea of guilty or nolo contendere,
14 finding of guilt, jury verdict, or entry of judgment, or by
15 sentencing of any crime, including, but not limited to,
16 convictions, preceding sentences of supervision,
17 conditional discharge, or first offender probation, under
18 the laws of any jurisdiction of the United States: (i) that
19 is a felony or (ii) that is a misdemeanor, an essential
20 element of which is dishonesty, or that is directly related
21 to the practice of the profession.

22 (4) Fraud or any misrepresentation in applying for or
23 procuring a license under this Act or in connection with
24 applying for renewal of a license under this Act.

25 (5) Professional incompetence or gross negligence.

26 (6) Malpractice.

1 (7) Aiding or assisting another person in violating any
2 provision of this Act or its rules.

3 (8) Failing to provide information within 60 days in
4 response to a written request made by the Department.

5 (9) Engaging in dishonorable, unethical, or
6 unprofessional conduct of a character likely to deceive,
7 defraud, or harm the public.

8 (10) Habitual or excessive use or abuse of drugs
9 defined in law as controlled substances, alcohol, or any
10 other substance which results in the inability to practice
11 with reasonable judgment, skill, or safety.

12 (11) Discipline by another U.S. jurisdiction or
13 foreign nation if at least one of the grounds for the
14 discipline is the same or substantially equivalent to those
15 set forth in this Act.

16 (12) Directly or indirectly giving to or receiving from
17 any person, firm, corporation, partnership, or association
18 any fee, commission, rebate, or other form of compensation
19 for any professional services not actually or personally
20 rendered. This shall not be deemed to include rent or other
21 remunerations paid to an individual, partnership, or
22 corporation by a naprapath for the lease, rental, or use of
23 space, owned or controlled by the individual, partnership,
24 corporation, or association. Nothing in this paragraph
25 (12) affects any bona fide independent contractor or
26 employment arrangements among health care professionals,

1 health facilities, health care providers, or other
2 entities, except as otherwise prohibited by law. Any
3 employment arrangements may include provisions for
4 compensation, health insurance, pension, or other
5 employment benefits for the provision of services within
6 the scope of the licensee's practice under this Act.
7 Nothing in this paragraph (12) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered.

10 (13) Using the title "Doctor" or its abbreviation
11 without further clarifying that title or abbreviation with
12 the word "naprapath" or "naprapathy" or the designation
13 "D.N.".

14 (14) A finding by the Department that the licensee,
15 after having his or her license placed on probationary
16 status, has violated the terms of probation.

17 (15) Abandonment of a patient without cause.

18 (16) Willfully making or filing false records or
19 reports relating to a licensee's practice, including but
20 not limited to, false records filed with State agencies or
21 departments.

22 (17) Willfully failing to report an instance of
23 suspected child abuse or neglect as required by the Abused
24 and Neglected Child Reporting Act.

25 (18) Physical or mental illness or disability,
26 including, but not limited to, deterioration through the

1 aging process or loss of motor skill that results in the
2 inability to practice the profession with reasonable
3 judgment, skill, or safety.

4 (19) Solicitation of professional services by means
5 other than permitted advertising.

6 (20) Failure to provide a patient with a copy of his or
7 her record upon the written request of the patient.

8 (21) Cheating on or attempting to subvert the licensing
9 examination administered under this Act.

10 (22) Allowing one's license under this Act to be used
11 by an unlicensed person in violation of this Act.

12 (23) (Blank).

13 (24) Being named as a perpetrator in an indicated
14 report by the Department of Children and Family Services
15 under the Abused and Neglected Child Reporting Act and upon
16 proof by clear and convincing evidence that the licensee
17 has caused a child to be an abused child or a neglected
18 child as defined in the Abused and Neglected Child
19 Reporting Act.

20 (25) Practicing under a false or, except as provided by
21 law, an assumed name.

22 (26) Immoral conduct in the commission of any act, such
23 as sexual abuse, sexual misconduct, or sexual
24 exploitation, related to the licensee's practice.

25 (27) Maintaining a professional relationship with any
26 person, firm, or corporation when the naprapath knows, or

1 should know, that the person, firm, or corporation is
2 violating this Act.

3 (28) Promotion of the sale of food supplements,
4 devices, appliances, or goods provided for a client or
5 patient in such manner as to exploit the patient or client
6 for financial gain of the licensee.

7 (29) Having treated ailments of human beings other than
8 by the practice of naprapathy as defined in this Act, or
9 having treated ailments of human beings as a licensed
10 naprapath independent of a documented referral or
11 documented current and relevant diagnosis from a
12 physician, dentist, or podiatric physician ~~podiatrist~~, or
13 having failed to notify the physician, dentist, or
14 podiatric physician ~~podiatrist~~ who established a
15 documented current and relevant diagnosis that the patient
16 is receiving naprapathic treatment pursuant to that
17 diagnosis.

18 (30) Use by a registered naprapath of the word
19 "infirmary", "hospital", "school", "university", in
20 English or any other language, in connection with the place
21 where naprapathy may be practiced or demonstrated.

22 (31) Continuance of a naprapath in the employ of any
23 person, firm, or corporation, or as an assistant to any
24 naprapath or naprapaths, directly or indirectly, after his
25 or her employer or superior has been found guilty of
26 violating or has been enjoined from violating the laws of

1 the State of Illinois relating to the practice of
2 naprapathy when the employer or superior persists in that
3 violation.

4 (32) The performance of naprapathic service in
5 conjunction with a scheme or plan with another person,
6 firm, or corporation known to be advertising in a manner
7 contrary to this Act or otherwise violating the laws of the
8 State of Illinois concerning the practice of naprapathy.

9 (33) Failure to provide satisfactory proof of having
10 participated in approved continuing education programs as
11 determined by and approved by the Secretary. Exceptions for
12 extreme hardships are to be defined by the rules of the
13 Department.

14 (34) (Blank).

15 (35) Gross or willful overcharging for professional
16 services.

17 (36) (Blank).

18 All fines imposed under this Section shall be paid within
19 60 days after the effective date of the order imposing the
20 fine.

21 (b) The Department may refuse to issue or may suspend
22 without hearing, as provided for in the Department of
23 Professional Regulation Law of the Civil Administrative Code,
24 the license of any person who fails to file a return, or pay
25 the tax, penalty, or interest shown in a filed return, or pay
26 any final assessment of the tax, penalty, or interest as

1 required by any tax Act administered by the Illinois Department
2 of Revenue, until such time as the requirements of any such tax
3 Act are satisfied in accordance with subsection (g) of Section
4 2105-15 of the Department of Professional Regulation Law of the
5 Civil Administrative Code of Illinois.

6 (c) The Department shall deny a license or renewal
7 authorized by this Act to a person who has defaulted on an
8 educational loan or scholarship provided or guaranteed by the
9 Illinois Student Assistance Commission or any governmental
10 agency of this State in accordance with item (5) of subsection
11 (a) of Section 2105-15 of the Department of Professional
12 Regulation Law of the Civil Administrative Code of Illinois.

13 (d) In cases where the Department of Healthcare and Family
14 Services has previously determined a licensee or a potential
15 licensee is more than 30 days delinquent in the payment of
16 child support and has subsequently certified the delinquency to
17 the Department, the Department may refuse to issue or renew or
18 may revoke or suspend that person's license or may take other
19 disciplinary action against that person based solely upon the
20 certification of delinquency made by the Department of
21 Healthcare and Family Services in accordance with item (5) of
22 subsection (a) of Section 2105-15 of the Department of
23 Professional Regulation Law of the Civil Administrative Code of
24 Illinois.

25 (e) The determination by a circuit court that a licensee is
26 subject to involuntary admission or judicial admission, as

1 provided in the Mental Health and Developmental ~~Development~~
2 Disabilities Code, operates as an automatic suspension. The
3 suspension shall end only upon a finding by a court that the
4 patient is no longer subject to involuntary admission or
5 judicial admission and the issuance of an order so finding and
6 discharging the patient.

7 (f) In enforcing this Act, the Department, upon a showing
8 of a possible violation, may compel an individual licensed to
9 practice under this Act, or who has applied for licensure under
10 this Act, to submit to a mental or physical examination and
11 evaluation, or both, which may include a substance abuse or
12 sexual offender evaluation, as required by and at the expense
13 of the Department. The Department shall specifically designate
14 the examining physician licensed to practice medicine in all of
15 its branches or, if applicable, the multidisciplinary team
16 involved in providing the mental or physical examination and
17 evaluation, or both. The multidisciplinary team shall be led by
18 a physician licensed to practice medicine in all of its
19 branches and may consist of one or more or a combination of
20 physicians licensed to practice medicine in all of its
21 branches, licensed chiropractic physicians, licensed clinical
22 psychologists, licensed clinical social workers, licensed
23 clinical professional counselors, and other professional and
24 administrative staff. Any examining physician or member of the
25 multidisciplinary team may require any person ordered to submit
26 to an examination and evaluation pursuant to this Section to

1 submit to any additional supplemental testing deemed necessary
2 to complete any examination or evaluation process, including,
3 but not limited to, blood testing, urinalysis, psychological
4 testing, or neuropsychological testing.

5 The Department may order the examining physician or any
6 member of the multidisciplinary team to provide to the
7 Department any and all records including business records that
8 relate to the examination and evaluation, including any
9 supplemental testing performed. The Department may order the
10 examining physician or any member of the multidisciplinary team
11 to present testimony concerning the examination and evaluation
12 of the licensee or applicant, including testimony concerning
13 any supplemental testing or documents in any way related to the
14 examination and evaluation. No information, report, record, or
15 other documents in any way related to the examination and
16 evaluation shall be excluded by reason of any common law or
17 statutory privilege relating to communications between the
18 licensee or applicant and the examining physician or any member
19 of the multidisciplinary team. No authorization is necessary
20 from the licensee or applicant ordered to undergo an evaluation
21 and examination for the examining physician or any member of
22 the multidisciplinary team to provide information, reports,
23 records, or other documents or to provide any testimony
24 regarding the examination and evaluation. The individual to be
25 examined may have, at his or her own expense, another physician
26 of his or her choice present during all aspects of this

1 examination. Failure of an individual to submit to a mental or
2 physical examination and evaluation, or both, when directed,
3 shall result in an automatic suspension without hearing, until
4 such time as the individual submits to the examination.

5 A person holding a license under this Act or who has
6 applied for a license under this Act who, because of a physical
7 or mental illness or disability, including, but not limited to,
8 deterioration through the aging process or loss of motor skill,
9 is unable to practice the profession with reasonable judgment,
10 skill, or safety, may be required by the Department to submit
11 to care, counseling, or treatment by physicians approved or
12 designated by the Department as a condition, term, or
13 restriction for continued, reinstated, or renewed licensure to
14 practice. Submission to care, counseling, or treatment as
15 required by the Department shall not be considered discipline
16 of a license. If the licensee refuses to enter into a care,
17 counseling, or treatment agreement or fails to abide by the
18 terms of the agreement, the Department may file a complaint to
19 revoke, suspend, or otherwise discipline the license of the
20 individual. The Secretary may order the license suspended
21 immediately, pending a hearing by the Department. Fines shall
22 not be assessed in disciplinary actions involving physical or
23 mental illness or impairment.

24 In instances in which the Secretary immediately suspends a
25 person's license under this Section, a hearing on that person's
26 license must be convened by the Department within 15 days after

1 the suspension and completed without appreciable delay. The
2 Department shall have the authority to review the subject
3 individual's record of treatment and counseling regarding the
4 impairment to the extent permitted by applicable federal
5 statutes and regulations safeguarding the confidentiality of
6 medical records.

7 An individual licensed under this Act and affected under
8 this Section shall be afforded an opportunity to demonstrate to
9 the Department that he or she can resume practice in compliance
10 with acceptable and prevailing standards under the provisions
11 of his or her license.

12 (Source: P.A. 96-1482, eff. 11-29-10; 97-778, eff. 7-13-12;
13 revised 8-3-12.)

14 Section 45. The Nurse Practice Act is amended by changing
15 Sections 50-10, 50-15, 55-30, 65-35, 65-40, 65-45, 65-55, and
16 70-5 as follows:

17 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

18 (Section scheduled to be repealed on January 1, 2018)

19 Sec. 50-10. Definitions. Each of the following terms, when
20 used in this Act, shall have the meaning ascribed to it in this
21 Section, except where the context clearly indicates otherwise:

22 "Academic year" means the customary annual schedule of
23 courses at a college, university, or approved school,
24 customarily regarded as the school year as distinguished from

1 the calendar year.

2 "Advanced practice nurse" or "APN" means a person who has
3 met the qualifications for a (i) certified nurse midwife (CNM);
4 (ii) certified nurse practitioner (CNP); (iii) certified
5 registered nurse anesthetist (CRNA); or (iv) clinical nurse
6 specialist (CNS) and has been licensed by the Department. All
7 advanced practice nurses licensed and practicing in the State
8 of Illinois shall use the title APN and may use specialty
9 credentials after their name.

10 "Approved program of professional nursing education" and
11 "approved program of practical nursing education" are programs
12 of professional or practical nursing, respectively, approved
13 by the Department under the provisions of this Act.

14 "Board" means the Board of Nursing appointed by the
15 Secretary.

16 "Collaboration" means a process involving 2 or more health
17 care professionals working together, each contributing one's
18 respective area of expertise to provide more comprehensive
19 patient care.

20 "Consultation" means the process whereby an advanced
21 practice nurse seeks the advice or opinion of another health
22 care professional.

23 "Credentialed" means the process of assessing and
24 validating the qualifications of a health care professional.

25 "Current nursing practice update course" means a planned
26 nursing education curriculum approved by the Department

1 consisting of activities that have educational objectives,
2 instructional methods, content or subject matter, clinical
3 practice, and evaluation methods, related to basic review and
4 updating content and specifically planned for those nurses
5 previously licensed in the United States or its territories and
6 preparing for reentry into nursing practice.

7 "Dentist" means a person licensed to practice dentistry
8 under the Illinois Dental Practice Act.

9 "Department" means the Department of Financial and
10 Professional Regulation.

11 "Impaired nurse" means a nurse licensed under this Act who
12 is unable to practice with reasonable skill and safety because
13 of a physical or mental disability as evidenced by a written
14 determination or written consent based on clinical evidence,
15 including loss of motor skills, abuse of drugs or alcohol, or a
16 psychiatric disorder, of sufficient degree to diminish his or
17 her ability to deliver competent patient care.

18 "License-pending advanced practice nurse" means a
19 registered professional nurse who has completed all
20 requirements for licensure as an advanced practice nurse except
21 the certification examination and has applied to take the next
22 available certification exam and received a temporary license
23 from the Department.

24 "License-pending registered nurse" means a person who has
25 passed the Department-approved registered nurse licensure exam
26 and has applied for a license from the Department. A

1 license-pending registered nurse shall use the title "RN lic
2 pend" on all documentation related to nursing practice.

3 "Physician" means a person licensed to practice medicine in
4 all its branches under the Medical Practice Act of 1987.

5 "Podiatric physician" ~~"Podiatrist"~~ means a person licensed
6 to practice podiatry under the Podiatric Medical Practice Act
7 of 1987.

8 "Practical nurse" or "licensed practical nurse" means a
9 person who is licensed as a practical nurse under this Act and
10 practices practical nursing as defined in this Act. Only a
11 practical nurse licensed under this Act is entitled to use the
12 title "licensed practical nurse" and the abbreviation
13 "L.P.N.".

14 "Practical nursing" means the performance of nursing acts
15 requiring the basic nursing knowledge, judgement, and skill
16 acquired by means of completion of an approved practical
17 nursing education program. Practical nursing includes
18 assisting in the nursing process as delegated by a registered
19 professional nurse or an advanced practice nurse. The practical
20 nurse may work under the direction of a licensed physician,
21 dentist, podiatric physician ~~podiatrist~~, or other health care
22 professional determined by the Department.

23 "Privileged" means the authorization granted by the
24 governing body of a healthcare facility, agency, or
25 organization to provide specific patient care services within
26 well-defined limits, based on qualifications reviewed in the

1 credentialing process.

2 "Registered Nurse" or "Registered Professional Nurse"
3 means a person who is licensed as a professional nurse under
4 this Act and practices nursing as defined in this Act. Only a
5 registered nurse licensed under this Act is entitled to use the
6 titles "registered nurse" and "registered professional nurse"
7 and the abbreviation, "R.N.".

8 "Registered professional nursing practice" is a scientific
9 process founded on a professional body of knowledge; it is a
10 learned profession based on the understanding of the human
11 condition across the life span and environment and includes all
12 nursing specialties and means the performance of any nursing
13 act based upon professional knowledge, judgment, and skills
14 acquired by means of completion of an approved professional
15 nursing education program. A registered professional nurse
16 provides holistic nursing care through the nursing process to
17 individuals, groups, families, or communities, that includes
18 but is not limited to: (1) the assessment of healthcare needs,
19 nursing diagnosis, planning, implementation, and nursing
20 evaluation; (2) the promotion, maintenance, and restoration of
21 health; (3) counseling, patient education, health education,
22 and patient advocacy; (4) the administration of medications and
23 treatments as prescribed by a physician licensed to practice
24 medicine in all of its branches, a licensed dentist, a licensed
25 podiatric physician ~~podiatrist~~, or a licensed optometrist or as
26 prescribed by a physician assistant in accordance with written

1 guidelines required under the Physician Assistant Practice Act
2 of 1987 or by an advanced practice nurse in accordance with
3 Article 65 of this Act; (5) the coordination and management of
4 the nursing plan of care; (6) the delegation to and supervision
5 of individuals who assist the registered professional nurse
6 implementing the plan of care; and (7) teaching nursing
7 students. The foregoing shall not be deemed to include those
8 acts of medical diagnosis or prescription of therapeutic or
9 corrective measures.

10 "Professional assistance program for nurses" means a
11 professional assistance program that meets criteria
12 established by the Board of Nursing and approved by the
13 Secretary, which provides a non-disciplinary treatment
14 approach for nurses licensed under this Act whose ability to
15 practice is compromised by alcohol or chemical substance
16 addiction.

17 "Secretary" means the Secretary of Financial and
18 Professional Regulation.

19 "Unencumbered license" means a license issued in good
20 standing.

21 "Written collaborative agreement" means a written
22 agreement between an advanced practice nurse and a
23 collaborating physician, dentist, or podiatric physician
24 ~~podiatrist~~ pursuant to Section 65-35.

25 (Source: P.A. 97-813, eff. 7-13-12.)

1 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)
2 (Section scheduled to be repealed on January 1, 2018)
3 Sec. 50-15. Policy; application of Act.

4 (a) For the protection of life and the promotion of health,
5 and the prevention of illness and communicable diseases, any
6 person practicing or offering to practice advanced,
7 professional, or practical nursing in Illinois shall submit
8 evidence that he or she is qualified to practice, and shall be
9 licensed as provided under this Act. No person shall practice
10 or offer to practice advanced, professional, or practical
11 nursing in Illinois or use any title, sign, card or device to
12 indicate that such a person is practicing professional or
13 practical nursing unless such person has been licensed under
14 the provisions of this Act.

15 (b) This Act does not prohibit the following:

16 (1) The practice of nursing in Federal employment in
17 the discharge of the employee's duties by a person who is
18 employed by the United States government or any bureau,
19 division or agency thereof and is a legally qualified and
20 licensed nurse of another state or territory and not in
21 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
22 this Act.

23 (2) Nursing that is included in the program of study by
24 students enrolled in programs of nursing or in current
25 nurse practice update courses approved by the Department.

26 (3) The furnishing of nursing assistance in an

1 emergency.

2 (4) The practice of nursing by a nurse who holds an
3 active license in another state when providing services to
4 patients in Illinois during a bonafide emergency or in
5 immediate preparation for or during interstate transit.

6 (5) The incidental care of the sick by members of the
7 family, domestic servants or housekeepers, or care of the
8 sick where treatment is by prayer or spiritual means.

9 (6) Persons from being employed as unlicensed
10 assistive personnel in private homes, long term care
11 facilities, nurseries, hospitals or other institutions.

12 (7) The practice of practical nursing by one who is a
13 licensed practical nurse under the laws of another U.S.
14 jurisdiction and has applied in writing to the Department,
15 in form and substance satisfactory to the Department, for a
16 license as a licensed practical nurse and who is qualified
17 to receive such license under this Act, until (i) the
18 expiration of 6 months after the filing of such written
19 application, (ii) the withdrawal of such application, or
20 (iii) the denial of such application by the Department.

21 (8) The practice of advanced practice nursing by one
22 who is an advanced practice nurse under the laws of another
23 state, territory of the United States, or country and has
24 applied in writing to the Department, in form and substance
25 satisfactory to the Department, for a license as an
26 advanced practice nurse and who is qualified to receive

1 such license under this Act, until (i) the expiration of 6
2 months after the filing of such written application, (ii)
3 the withdrawal of such application, or (iii) the denial of
4 such application by the Department.

5 (9) The practice of professional nursing by one who is
6 a registered professional nurse under the laws of another
7 state, territory of the United States or country and has
8 applied in writing to the Department, in form and substance
9 satisfactory to the Department, for a license as a
10 registered professional nurse and who is qualified to
11 receive such license under Section 55-10, until (1) the
12 expiration of 6 months after the filing of such written
13 application, (2) the withdrawal of such application, or (3)
14 the denial of such application by the Department.

15 (10) The practice of professional nursing that is
16 included in a program of study by one who is a registered
17 professional nurse under the laws of another state or
18 territory of the United States or foreign country,
19 territory or province and who is enrolled in a graduate
20 nursing education program or a program for the completion
21 of a baccalaureate nursing degree in this State, which
22 includes clinical supervision by faculty as determined by
23 the educational institution offering the program and the
24 health care organization where the practice of nursing
25 occurs.

26 (11) Any person licensed in this State under any other

1 Act from engaging in the practice for which she or he is
2 licensed.

3 (12) Delegation to authorized direct care staff
4 trained under Section 15.4 of the Mental Health and
5 Developmental Disabilities Administrative Act consistent
6 with the policies of the Department.

7 (13) The practice, services, or activities of persons
8 practicing the specified occupations set forth in
9 subsection (a) of, and pursuant to a licensing exemption
10 granted in subsection (b) or (d) of, Section 2105-350 of
11 the Department of Professional Regulation Law of the Civil
12 Administrative Code of Illinois, but only for so long as
13 the 2016 Olympic and Paralympic Games Professional
14 Licensure Exemption Law is operable.

15 (14) County correctional personnel from delivering
16 prepackaged medication for self-administration to an
17 individual detainee in a correctional facility.

18 Nothing in this Act shall be construed to limit the
19 delegation of tasks or duties by a physician, dentist, or
20 podiatric physician ~~podiatrist~~ to a licensed practical nurse, a
21 registered professional nurse, or other persons.

22 (Source: P.A. 95-639, eff. 10-5-07; 95-876, eff. 8-21-08; 96-7,
23 eff. 4-3-09; 96-516, eff. 8-14-09; 96-1000, eff. 7-2-10.)

24 (225 ILCS 65/55-30)

25 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 55-30. LPN scope of practice.

2 (a) Practice as a licensed practical nurse means a scope of
3 basic nursing practice, with or without compensation, as
4 delegated by a registered professional nurse or an advanced
5 practice nurse or as directed by a physician assistant,
6 physician, dentist, or podiatric physician ~~podiatrist~~, and
7 includes, but is not limited to, all of the following:

8 (1) Collecting data and collaborating in the
9 assessment of the health status of a patient.

10 (2) Collaborating in the development and modification
11 of the registered professional nurse's or advanced
12 practice nurse's comprehensive nursing plan of care for all
13 types of patients.

14 (3) Implementing aspects of the plan of care as
15 delegated.

16 (4) Participating in health teaching and counseling to
17 promote, attain, and maintain the optimum health level of
18 patients, as delegated.

19 (5) Serving as an advocate for the patient by
20 communicating and collaborating with other health service
21 personnel, as delegated.

22 (6) Participating in the evaluation of patient
23 responses to interventions.

24 (7) Communicating and collaborating with other health
25 care professionals as delegated.

26 (8) Providing input into the development of policies

1 and procedures to support patient safety.

2 (Source: P.A. 95-639, eff. 10-5-07.)

3 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

4 (Section scheduled to be repealed on January 1, 2018)

5 Sec. 65-35. Written collaborative agreements.

6 (a) A written collaborative agreement is required for all
7 advanced practice nurses engaged in clinical practice, except
8 for advanced practice nurses who are authorized to practice in
9 a hospital or ambulatory surgical treatment center.

10 (a-5) If an advanced practice nurse engages in clinical
11 practice outside of a hospital or ambulatory surgical treatment
12 center in which he or she is authorized to practice, the
13 advanced practice nurse must have a written collaborative
14 agreement.

15 (b) A written collaborative agreement shall describe the
16 working relationship of the advanced practice nurse with the
17 collaborating physician or podiatric physician ~~podiatrist~~ and
18 shall authorize the categories of care, treatment, or
19 procedures to be performed by the advanced practice nurse. A
20 collaborative agreement with a dentist must be in accordance
21 with subsection (c-10) of this Section. Collaboration does not
22 require an employment relationship between the collaborating
23 physician and advanced practice nurse. Absent an employment
24 relationship, an agreement may not restrict the categories of
25 patients or third-party payment sources accepted by the

1 advanced practice nurse. Collaboration means the relationship
2 under which an advanced practice nurse works with a
3 collaborating physician or podiatric physician ~~podiatrist~~ in
4 an active clinical practice to deliver health care services in
5 accordance with (i) the advanced practice nurse's training,
6 education, and experience and (ii) collaboration and
7 consultation as documented in a jointly developed written
8 collaborative agreement.

9 The agreement shall promote the exercise of professional
10 judgment by the advanced practice nurse commensurate with his
11 or her education and experience. The services to be provided by
12 the advanced practice nurse shall be services that the
13 collaborating physician or podiatric physician ~~podiatrist~~ is
14 authorized to and generally provides to his or her patients in
15 the normal course of his or her clinical medical practice,
16 except as set forth in subsection (c-5) of this Section. The
17 agreement need not describe the exact steps that an advanced
18 practice nurse must take with respect to each specific
19 condition, disease, or symptom but must specify which
20 authorized procedures require the presence of the
21 collaborating physician or podiatric physician ~~podiatrist~~ as
22 the procedures are being performed. The collaborative
23 relationship under an agreement shall not be construed to
24 require the personal presence of a physician or podiatric
25 physician ~~podiatrist~~ at the place where services are rendered.
26 Methods of communication shall be available for consultation

1 with the collaborating physician or podiatric physician
2 ~~podiatrist~~ in person or by telecommunications in accordance
3 with established written guidelines as set forth in the written
4 agreement.

5 (c) Collaboration and consultation under all collaboration
6 agreements shall be adequate if a collaborating physician or
7 podiatric physician ~~podiatrist~~ does each of the following:

8 (1) Participates in the joint formulation and joint
9 approval of orders or guidelines with the advanced practice
10 nurse and he or she periodically reviews such orders and
11 the services provided patients under such orders in
12 accordance with accepted standards of medical practice or
13 podiatric practice and advanced practice nursing practice.

14 (2) Provides collaboration and consultation with the
15 advanced practice nurse at least once a month. In the case
16 of anesthesia services provided by a certified registered
17 nurse anesthetist, an anesthesiologist, physician,
18 dentist, or podiatric physician ~~podiatrist~~ must
19 participate through discussion of and agreement with the
20 anesthesia plan and remain physically present and
21 available on the premises during the delivery of anesthesia
22 services for diagnosis, consultation, and treatment of
23 emergency medical conditions.

24 (3) Is available through telecommunications for
25 consultation on medical problems, complications, or
26 emergencies or patient referral. In the case of anesthesia

1 services provided by a certified registered nurse
2 anesthetist, an anesthesiologist, physician, dentist, or
3 podiatric physician ~~podiatrist~~ must participate through
4 discussion of and agreement with the anesthesia plan and
5 remain physically present and available on the premises
6 during the delivery of anesthesia services for diagnosis,
7 consultation, and treatment of emergency medical
8 conditions.

9 The agreement must contain provisions detailing notice for
10 termination or change of status involving a written
11 collaborative agreement, except when such notice is given for
12 just cause.

13 (c-5) A certified registered nurse anesthetist, who
14 provides anesthesia services outside of a hospital or
15 ambulatory surgical treatment center shall enter into a written
16 collaborative agreement with an anesthesiologist or the
17 physician licensed to practice medicine in all its branches or
18 the podiatric physician ~~podiatrist~~ performing the procedure.
19 Outside of a hospital or ambulatory surgical treatment center,
20 the certified registered nurse anesthetist may provide only
21 those services that the collaborating podiatric physician
22 ~~podiatrist~~ is authorized to provide pursuant to the Podiatric
23 Medical Practice Act of 1987 and rules adopted thereunder. A
24 certified registered nurse anesthetist may select, order, and
25 administer medication, including controlled substances, and
26 apply appropriate medical devices for delivery of anesthesia

1 services under the anesthesia plan agreed with by the
2 anesthesiologist or the operating physician or operating
3 podiatric physician ~~podiatrist~~.

4 (c-10) A certified registered nurse anesthetist who
5 provides anesthesia services in a dental office shall enter
6 into a written collaborative agreement with an
7 anesthesiologist or the physician licensed to practice
8 medicine in all its branches or the operating dentist
9 performing the procedure. The agreement shall describe the
10 working relationship of the certified registered nurse
11 anesthetist and dentist and shall authorize the categories of
12 care, treatment, or procedures to be performed by the certified
13 registered nurse anesthetist. In a collaborating dentist's
14 office, the certified registered nurse anesthetist may only
15 provide those services that the operating dentist with the
16 appropriate permit is authorized to provide pursuant to the
17 Illinois Dental Practice Act and rules adopted thereunder. For
18 anesthesia services, an anesthesiologist, physician, or
19 operating dentist shall participate through discussion of and
20 agreement with the anesthesia plan and shall remain physically
21 present and be available on the premises during the delivery of
22 anesthesia services for diagnosis, consultation, and treatment
23 of emergency medical conditions. A certified registered nurse
24 anesthetist may select, order, and administer medication,
25 including controlled substances, and apply appropriate medical
26 devices for delivery of anesthesia services under the

1 anesthesia plan agreed with by the operating dentist.

2 (d) A copy of the signed, written collaborative agreement
3 must be available to the Department upon request from both the
4 advanced practice nurse and the collaborating physician or
5 podiatric physician ~~podiatrist~~.

6 (e) Nothing in this Act shall be construed to limit the
7 delegation of tasks or duties by a physician to a licensed
8 practical nurse, a registered professional nurse, or other
9 persons in accordance with Section 54.2 of the Medical Practice
10 Act of 1987. Nothing in this Act shall be construed to limit
11 the method of delegation that may be authorized by any means,
12 including, but not limited to, oral, written, electronic,
13 standing orders, protocols, guidelines, or verbal orders.

14 (f) An advanced practice nurse shall inform each
15 collaborating physician, dentist, or podiatric physician
16 ~~podiatrist~~ of all collaborative agreements he or she has signed
17 and provide a copy of these to any collaborating physician,
18 dentist, or podiatric physician ~~podiatrist~~ upon request.

19 (g) For the purposes of this Act, "generally provides to
20 his or her patients in the normal course of his or her clinical
21 medical practice" means services, not specific tasks or duties,
22 the physician or podiatric physician ~~podiatrist~~ routinely
23 provides individually or through delegation to other persons so
24 that the physician or podiatric physician ~~podiatrist~~ has the
25 experience and ability to provide collaboration and
26 consultation.

1 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11.)

2 (225 ILCS 65/65-40) (was 225 ILCS 65/15-20)

3 (Section scheduled to be repealed on January 1, 2018)

4 Sec. 65-40. Written collaborative agreement; prescriptive
5 authority.

6 (a) A collaborating physician or podiatric physician
7 ~~podiatrist~~ may, but is not required to, delegate prescriptive
8 authority to an advanced practice nurse as part of a written
9 collaborative agreement. This authority may, but is not
10 required to, include prescription of, selection of, orders for,
11 administration of, storage of, acceptance of samples of, and
12 dispensing over the counter medications, legend drugs, medical
13 gases, and controlled substances categorized as any Schedule
14 III through V controlled substances, as defined in Article II
15 of the Illinois Controlled Substances Act, and other
16 preparations, including, but not limited to, botanical and
17 herbal remedies. The collaborating physician or podiatric
18 physician ~~podiatrist~~ must have a valid current Illinois
19 controlled substance license and federal registration to
20 delegate authority to prescribe delegated controlled
21 substances.

22 (b) To prescribe controlled substances under this Section,
23 an advanced practice nurse must obtain a mid-level practitioner
24 controlled substance license. Medication orders shall be
25 reviewed periodically by the collaborating physician or

1 podiatric physician ~~podiatrist~~.

2 (c) The collaborating physician or podiatric physician
3 ~~podiatrist~~ shall file with the Department notice of delegation
4 of prescriptive authority and termination of such delegation,
5 in accordance with rules of the Department. Upon receipt of
6 this notice delegating authority to prescribe any Schedule III
7 through V controlled substances, the licensed advanced
8 practice nurse shall be eligible to register for a mid-level
9 practitioner controlled substance license under Section 303.05
10 of the Illinois Controlled Substances Act.

11 (d) In addition to the requirements of subsections (a),
12 (b), and (c) of this Section, a collaborating physician or
13 podiatric physician ~~podiatrist~~ may, but is not required to,
14 delegate authority to an advanced practice nurse to prescribe
15 any Schedule II controlled substances, if all of the following
16 conditions apply:

17 (1) Specific Schedule II controlled substances by oral
18 dosage or topical or transdermal application may be
19 delegated, provided that the delegated Schedule II
20 controlled substances are routinely prescribed by the
21 collaborating physician or podiatric physician ~~podiatrist~~.
22 This delegation must identify the specific Schedule II
23 controlled substances by either brand name or generic name.
24 Schedule II controlled substances to be delivered by
25 injection or other route of administration may not be
26 delegated.

1 (2) Any delegation must be controlled substances that
2 the collaborating physician or podiatric physician
3 ~~podiatrist~~ prescribes.

4 (3) Any prescription must be limited to no more than a
5 30-day supply, with any continuation authorized only after
6 prior approval of the collaborating physician or podiatric
7 physician podiatrist.

8 (4) The advanced practice nurse must discuss the
9 condition of any patients for whom a controlled substance
10 is prescribed monthly with the delegating physician.

11 (5) The advanced practice nurse meets the education
12 requirements of Section 303.05 of the Illinois Controlled
13 Substances Act.

14 (e) Nothing in this Act shall be construed to limit the
15 delegation of tasks or duties by a physician to a licensed
16 practical nurse, a registered professional nurse, or other
17 persons. Nothing in this Act shall be construed to limit the
18 method of delegation that may be authorized by any means,
19 including, but not limited to, oral, written, electronic,
20 standing orders, protocols, guidelines, or verbal orders.

21 (f) Nothing in this Section shall be construed to apply to
22 any medication authority including Schedule II controlled
23 substances of an advanced practice nurse for care provided in a
24 hospital, hospital affiliate, or ambulatory surgical treatment
25 center pursuant to Section 65-45.

26 (g) Any advanced practice nurse who writes a prescription

1 for a controlled substance without having a valid appropriate
2 authority may be fined by the Department not more than \$50 per
3 prescription, and the Department may take any other
4 disciplinary action provided for in this Act.

5 (h) Nothing in this Section shall be construed to prohibit
6 generic substitution.

7 (Source: P.A. 96-189, eff. 8-10-09; 97-358, eff. 8-12-11.)

8 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

9 (Section scheduled to be repealed on January 1, 2018)

10 Sec. 65-45. Advanced practice nursing in hospitals,
11 hospital affiliates, or ambulatory surgical treatment centers.

12 (a) An advanced practice nurse may provide services in a
13 hospital or a hospital affiliate as those terms are defined in
14 the Hospital Licensing Act or the University of Illinois
15 Hospital Act or a licensed ambulatory surgical treatment center
16 without a written collaborative agreement pursuant to Section
17 65-35 of this Act. An advanced practice nurse must possess
18 clinical privileges recommended by the hospital medical staff
19 and granted by the hospital or the consulting medical staff
20 committee and ambulatory surgical treatment center in order to
21 provide services. The medical staff or consulting medical staff
22 committee shall periodically review the services of advanced
23 practice nurses granted clinical privileges, including any
24 care provided in a hospital affiliate. Authority may also be
25 granted when recommended by the hospital medical staff and

1 granted by the hospital or recommended by the consulting
2 medical staff committee and ambulatory surgical treatment
3 center to individual advanced practice nurses to select, order,
4 and administer medications, including controlled substances,
5 to provide delineated care. In a hospital, hospital affiliate,
6 or ambulatory surgical treatment center, the attending
7 physician shall determine an advanced practice nurse's role in
8 providing care for his or her patients, except as otherwise
9 provided in the medical staff bylaws or consulting committee
10 policies.

11 (a-2) An advanced practice nurse granted authority to order
12 medications including controlled substances may complete
13 discharge prescriptions provided the prescription is in the
14 name of the advanced practice nurse and the attending or
15 discharging physician.

16 (a-3) Advanced practice nurses practicing in a hospital or
17 an ambulatory surgical treatment center are not required to
18 obtain a mid-level controlled substance license to order
19 controlled substances under Section 303.05 of the Illinois
20 Controlled Substances Act.

21 (a-5) For anesthesia services provided by a certified
22 registered nurse anesthetist, an anesthesiologist, physician,
23 dentist, or podiatric physician ~~podiatrist~~ shall participate
24 through discussion of and agreement with the anesthesia plan
25 and shall remain physically present and be available on the
26 premises during the delivery of anesthesia services for

1 diagnosis, consultation, and treatment of emergency medical
2 conditions, unless hospital policy adopted pursuant to clause
3 (B) of subdivision (3) of Section 10.7 of the Hospital
4 Licensing Act or ambulatory surgical treatment center policy
5 adopted pursuant to clause (B) of subdivision (3) of Section
6 6.5 of the Ambulatory Surgical Treatment Center Act provides
7 otherwise. A certified registered nurse anesthetist may
8 select, order, and administer medication for anesthesia
9 services under the anesthesia plan agreed to by the
10 anesthesiologist or the physician, in accordance with hospital
11 alternative policy or the medical staff consulting committee
12 policies of a licensed ambulatory surgical treatment center.

13 (b) An advanced practice nurse who provides services in a
14 hospital shall do so in accordance with Section 10.7 of the
15 Hospital Licensing Act and, in an ambulatory surgical treatment
16 center, in accordance with Section 6.5 of the Ambulatory
17 Surgical Treatment Center Act.

18 (Source: P.A. 97-358, eff. 8-12-11.)

19 (225 ILCS 65/65-55) (was 225 ILCS 65/15-40)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 65-55. Advertising as an APN.

22 (a) A person licensed under this Act as an advanced
23 practice nurse may advertise the availability of professional
24 services in the public media or on the premises where the
25 professional services are rendered. The advertising shall be

1 limited to the following information:

2 (1) publication of the person's name, title, office
3 hours, address, and telephone number;

4 (2) information pertaining to the person's areas of
5 specialization, including but not limited to appropriate
6 board certification or limitation of professional
7 practice;

8 (3) publication of the person's collaborating
9 physician's, dentist's, or podiatric physician's
10 ~~podiatrist's~~ name, title, and areas of specialization;

11 (4) information on usual and customary fees for routine
12 professional services offered, which shall include
13 notification that fees may be adjusted due to complications
14 or unforeseen circumstances;

15 (5) announcements of the opening of, change of, absence
16 from, or return to business;

17 (6) announcement of additions to or deletions from
18 professional licensed staff; and

19 (7) the issuance of business or appointment cards.

20 (b) It is unlawful for a person licensed under this Act as
21 an advanced practice nurse to use testimonials or claims of
22 superior quality of care to entice the public. It shall be
23 unlawful to advertise fee comparisons of available services
24 with those of other licensed persons.

25 (c) This Article does not authorize the advertising of
26 professional services that the offeror of the services is not

1 licensed or authorized to render. Nor shall the advertiser use
2 statements that contain false, fraudulent, deceptive, or
3 misleading material or guarantees of success, statements that
4 play upon the vanity or fears of the public, or statements that
5 promote or produce unfair competition.

6 (d) It is unlawful and punishable under the penalty
7 provisions of this Act for a person licensed under this Article
8 to knowingly advertise that the licensee will accept as payment
9 for services rendered by assignment from any third party payor
10 the amount the third party payor covers as payment in full, if
11 the effect is to give the impression of eliminating the need of
12 payment by the patient of any required deductible or copayment
13 applicable in the patient's health benefit plan.

14 (e) A licensee shall include in every advertisement for
15 services regulated under this Act his or her title as it
16 appears on the license or the initials authorized under this
17 Act.

18 (f) As used in this Section, "advertise" means solicitation
19 by the licensee or through another person or entity by means of
20 handbills, posters, circulars, motion pictures, radio,
21 newspapers, or television or any other manner.

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

24 (Section scheduled to be repealed on January 1, 2018)

25 Sec. 70-5. Grounds for disciplinary action.

1 (a) The Department may refuse to issue or to renew, or may
2 revoke, suspend, place on probation, reprimand, or take other
3 disciplinary or non-disciplinary action as the Department may
4 deem appropriate, including fines not to exceed \$10,000 per
5 violation, with regard to a license for any one or combination
6 of the causes set forth in subsection (b) below. All fines
7 collected under this Section shall be deposited in the Nursing
8 Dedicated and Professional Fund.

9 (b) Grounds for disciplinary action include the following:

10 (1) Material deception in furnishing information to
11 the Department.

12 (2) Material violations of any provision of this Act or
13 violation of the rules of or final administrative action of
14 the Secretary, after consideration of the recommendation
15 of the Board.

16 (3) Conviction by plea of guilty or nolo contendere,
17 finding of guilt, jury verdict, or entry of judgment or by
18 sentencing of any crime, including, but not limited to,
19 convictions, preceding sentences of supervision,
20 conditional discharge, or first offender probation, under
21 the laws of any jurisdiction of the United States: (i) that
22 is a felony; or (ii) that is a misdemeanor, an essential
23 element of which is dishonesty, or that is directly related
24 to the practice of the profession.

25 (4) A pattern of practice or other behavior which
26 demonstrates incapacity or incompetency to practice under

1 this Act.

2 (5) Knowingly aiding or assisting another person in
3 violating any provision of this Act or rules.

4 (6) Failing, within 90 days, to provide a response to a
5 request for information in response to a written request
6 made by the Department by certified mail.

7 (7) Engaging in dishonorable, unethical or
8 unprofessional conduct of a character likely to deceive,
9 defraud or harm the public, as defined by rule.

10 (8) Unlawful taking, theft, selling, distributing, or
11 manufacturing of any drug, narcotic, or prescription
12 device.

13 (9) Habitual or excessive use or addiction to alcohol,
14 narcotics, stimulants, or any other chemical agent or drug
15 that could result in a licensee's inability to practice
16 with reasonable judgment, skill or safety.

17 (10) Discipline by another U.S. jurisdiction or
18 foreign nation, if at least one of the grounds for the
19 discipline is the same or substantially equivalent to those
20 set forth in this Section.

21 (11) A finding that the licensee, after having her or
22 his license placed on probationary status or subject to
23 conditions or restrictions, has violated the terms of
24 probation or failed to comply with such terms or
25 conditions.

26 (12) Being named as a perpetrator in an indicated

1 report by the Department of Children and Family Services
2 and under the Abused and Neglected Child Reporting Act, and
3 upon proof by clear and convincing evidence that the
4 licensee has caused a child to be an abused child or
5 neglected child as defined in the Abused and Neglected
6 Child Reporting Act.

7 (13) Willful omission to file or record, or willfully
8 impeding the filing or recording or inducing another person
9 to omit to file or record medical reports as required by
10 law or willfully failing to report an instance of suspected
11 child abuse or neglect as required by the Abused and
12 Neglected Child Reporting Act.

13 (14) Gross negligence in the practice of practical,
14 professional, or advanced practice nursing.

15 (15) Holding oneself out to be practicing nursing under
16 any name other than one's own.

17 (16) Failure of a licensee to report to the Department
18 any adverse final action taken against him or her by
19 another licensing jurisdiction of the United States or any
20 foreign state or country, any peer review body, any health
21 care institution, any professional or nursing society or
22 association, any governmental agency, any law enforcement
23 agency, or any court or a nursing liability claim related
24 to acts or conduct similar to acts or conduct that would
25 constitute grounds for action as defined in this Section.

26 (17) Failure of a licensee to report to the Department

1 surrender by the licensee of a license or authorization to
2 practice nursing or advanced practice nursing in another
3 state or jurisdiction or current surrender by the licensee
4 of membership on any nursing staff or in any nursing or
5 advanced practice nursing or professional association or
6 society while under disciplinary investigation by any of
7 those authorities or bodies for acts or conduct similar to
8 acts or conduct that would constitute grounds for action as
9 defined by this Section.

10 (18) Failing, within 60 days, to provide information in
11 response to a written request made by the Department.

12 (19) Failure to establish and maintain records of
13 patient care and treatment as required by law.

14 (20) Fraud, deceit or misrepresentation in applying
15 for or procuring a license under this Act or in connection
16 with applying for renewal of a license under this Act.

17 (21) Allowing another person or organization to use the
18 licensees' license to deceive the public.

19 (22) Willfully making or filing false records or
20 reports in the licensee's practice, including but not
21 limited to false records to support claims against the
22 medical assistance program of the Department of Healthcare
23 and Family Services (formerly Department of Public Aid)
24 under the Illinois Public Aid Code.

25 (23) Attempting to subvert or cheat on a licensing
26 examination administered under this Act.

1 (24) Immoral conduct in the commission of an act,
2 including, but not limited to, sexual abuse, sexual
3 misconduct, or sexual exploitation, related to the
4 licensee's practice.

5 (25) Willfully or negligently violating the
6 confidentiality between nurse and patient except as
7 required by law.

8 (26) Practicing under a false or assumed name, except
9 as provided by law.

10 (27) The use of any false, fraudulent, or deceptive
11 statement in any document connected with the licensee's
12 practice.

13 (28) Directly or indirectly giving to or receiving from
14 a person, firm, corporation, partnership, or association a
15 fee, commission, rebate, or other form of compensation for
16 professional services not actually or personally rendered.
17 Nothing in this paragraph (28) affects any bona fide
18 independent contractor or employment arrangements among
19 health care professionals, health facilities, health care
20 providers, or other entities, except as otherwise
21 prohibited by law. Any employment arrangements may include
22 provisions for compensation, health insurance, pension, or
23 other employment benefits for the provision of services
24 within the scope of the licensee's practice under this Act.
25 Nothing in this paragraph (28) shall be construed to
26 require an employment arrangement to receive professional

1 fees for services rendered.

2 (29) A violation of the Health Care Worker
3 Self-Referral Act.

4 (30) Physical illness, including but not limited to
5 deterioration through the aging process or loss of motor
6 skill, mental illness, or disability that results in the
7 inability to practice the profession with reasonable
8 judgment, skill, or safety.

9 (31) Exceeding the terms of a collaborative agreement
10 or the prescriptive authority delegated to a licensee by
11 his or her collaborating physician or podiatric physician
12 ~~podiatrist~~ in guidelines established under a written
13 collaborative agreement.

14 (32) Making a false or misleading statement regarding a
15 licensee's skill or the efficacy or value of the medicine,
16 treatment, or remedy prescribed by him or her in the course
17 of treatment.

18 (33) Prescribing, selling, administering,
19 distributing, giving, or self-administering a drug
20 classified as a controlled substance (designated product)
21 or narcotic for other than medically accepted therapeutic
22 purposes.

23 (34) Promotion of the sale of drugs, devices,
24 appliances, or goods provided for a patient in a manner to
25 exploit the patient for financial gain.

26 (35) Violating State or federal laws, rules, or

1 regulations relating to controlled substances.

2 (36) Willfully or negligently violating the
3 confidentiality between an advanced practice nurse,
4 collaborating physician, dentist, or podiatric physician
5 ~~podiatrist~~ and a patient, except as required by law.

6 (37) A violation of any provision of this Act or any
7 rules promulgated under this Act.

8 (c) The determination by a circuit court that a licensee is
9 subject to involuntary admission or judicial admission as
10 provided in the Mental Health and Developmental Disabilities
11 Code, as amended, operates as an automatic suspension. The
12 suspension will end only upon a finding by a court that the
13 patient is no longer subject to involuntary admission or
14 judicial admission and issues an order so finding and
15 discharging the patient; and upon the recommendation of the
16 Board to the Secretary that the licensee be allowed to resume
17 his or her practice.

18 (d) The Department may refuse to issue or may suspend or
19 otherwise discipline the license of any person who fails to
20 file a return, or to pay the tax, penalty or interest shown in
21 a filed return, or to pay any final assessment of the tax,
22 penalty, or interest as required by any tax Act administered by
23 the Department of Revenue, until such time as the requirements
24 of any such tax Act are satisfied.

25 (e) In enforcing this Act, the Department or Board, upon a
26 showing of a possible violation, may compel an individual

1 licensed to practice under this Act or who has applied for
2 licensure under this Act, to submit to a mental or physical
3 examination, or both, as required by and at the expense of the
4 Department. The Department or Board may order the examining
5 physician to present testimony concerning the mental or
6 physical examination of the licensee or applicant. No
7 information shall be excluded by reason of any common law or
8 statutory privilege relating to communications between the
9 licensee or applicant and the examining physician. The
10 examining physicians shall be specifically designated by the
11 Board or Department. The individual to be examined may have, at
12 his or her own expense, another physician of his or her choice
13 present during all aspects of this examination. Failure of an
14 individual to submit to a mental or physical examination, when
15 directed, shall result in an automatic suspension without
16 hearing.

17 All substance-related violations shall mandate an
18 automatic substance abuse assessment. Failure to submit to an
19 assessment by a licensed physician who is certified as an
20 addictionist or an advanced practice nurse with specialty
21 certification in addictions may be grounds for an automatic
22 suspension, as defined by rule.

23 If the Department or Board finds an individual unable to
24 practice or unfit for duty because of the reasons set forth in
25 this Section, the Department or Board may require that
26 individual to submit to a substance abuse evaluation or

1 treatment by individuals or programs approved or designated by
2 the Department or Board, as a condition, term, or restriction
3 for continued, reinstated, or renewed licensure to practice;
4 or, in lieu of evaluation or treatment, the Department may
5 file, or the Board may recommend to the Department to file, a
6 complaint to immediately suspend, revoke, or otherwise
7 discipline the license of the individual. An individual whose
8 license was granted, continued, reinstated, renewed,
9 disciplined or supervised subject to such terms, conditions, or
10 restrictions, and who fails to comply with such terms,
11 conditions, or restrictions, shall be referred to the Secretary
12 for a determination as to whether the individual shall have his
13 or her license suspended immediately, pending a hearing by the
14 Department.

15 In instances in which the Secretary immediately suspends a
16 person's license under this Section, a hearing on that person's
17 license must be convened by the Department within 15 days after
18 the suspension and completed without appreciable delay. The
19 Department and Board shall have the authority to review the
20 subject individual's record of treatment and counseling
21 regarding the impairment to the extent permitted by applicable
22 federal statutes and regulations safeguarding the
23 confidentiality of medical records.

24 An individual licensed under this Act and affected under
25 this Section shall be afforded an opportunity to demonstrate to
26 the Department that he or she can resume practice in compliance

1 with nursing standards under the provisions of his or her
2 license.

3 (Source: P.A. 95-331, eff. 8-21-07; 95-639, eff. 10-5-07;
4 96-1482, eff. 11-29-10.)

5 Section 50. The Illinois Occupational Therapy Practice Act
6 is amended by changing Sections 3.1 and 19 as follows:

7 (225 ILCS 75/3.1)

8 (Section scheduled to be repealed on January 1, 2014)

9 Sec. 3.1. Referrals. A licensed occupational therapist or
10 licensed occupational therapy assistant may consult with,
11 educate, evaluate, and monitor services for clients concerning
12 non-medical occupational therapy needs. Implementation of
13 direct occupational therapy to individuals for their specific
14 health care conditions shall be based upon a referral from a
15 licensed physician, dentist, podiatric physician ~~podiatrist~~,
16 or advanced practice nurse who has a written collaborative
17 agreement with a collaborating physician to provide or accept
18 referrals from licensed occupational therapists, physician
19 assistant who has been delegated authority to provide or accept
20 referrals from or to licensed occupational therapists, or
21 optometrist.

22 An occupational therapist shall refer to a licensed
23 physician, dentist, optometrist, advanced practice nurse,
24 physician assistant, or podiatric physician ~~podiatrist~~ any

1 patient whose medical condition should, at the time of
2 evaluation or treatment, be determined to be beyond the scope
3 of practice of the occupational therapist.

4 (Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03; 93-962,
5 eff. 8-20-04.)

6 (225 ILCS 75/19) (from Ch. 111, par. 3719)

7 (Section scheduled to be repealed on January 1, 2014)

8 Sec. 19. (a) The Department may refuse to issue or renew,
9 or may revoke, suspend, place on probation, reprimand or take
10 other disciplinary action as the Department may deem proper,
11 including fines not to exceed \$2,500 for each violation, with
12 regard to any license for any one or combination of the
13 following:

14 (1) Material misstatement in furnishing information to
15 the Department;

16 (2) Wilfully violating this Act, or of the rules
17 promulgated thereunder;

18 (3) Conviction of any crime under the laws of the
19 United States or any state or territory thereof which is a
20 felony or which is a misdemeanor, an essential element of
21 which is dishonesty, or of any crime which is directly
22 related to the practice of occupational therapy;

23 (4) Making any misrepresentation for the purpose of
24 obtaining certification, or violating any provision of
25 this Act or the rules promulgated thereunder pertaining to

1 advertising;

2 (5) Having demonstrated unworthiness, or incompetency
3 to act as an occupational therapist or occupational therapy
4 assistant in such manner as to safeguard the interest of
5 the public;

6 (6) Wilfully aiding or assisting another person, firm,
7 partnership or corporation in violating any provision of
8 this Act or rules;

9 (7) Failing, within 60 days, to provide information in
10 response to a written request made by the Department;

11 (8) Engaging in dishonorable, unethical or
12 unprofessional conduct of a character likely to deceive,
13 defraud or harm the public;

14 (9) Habitual intoxication or addiction to the use of
15 drugs;

16 (10) Discipline by another state, the District of
17 Columbia, a territory, or foreign nation, if at least one
18 of the grounds for the discipline is the same or
19 substantially equivalent to those set forth herein;

20 (11) Directly or indirectly giving to or receiving from
21 any person, firm, corporation, partnership, or association
22 any fee, commission, rebate or other form of compensation
23 for professional services not actually or personally
24 rendered. Nothing in this paragraph (11) affects any bona
25 fide independent contractor or employment arrangements
26 among health care professionals, health facilities, health

1 care providers, or other entities, except as otherwise
2 prohibited by law. Any employment arrangements may include
3 provisions for compensation, health insurance, pension, or
4 other employment benefits for the provision of services
5 within the scope of the licensee's practice under this Act.
6 Nothing in this paragraph (11) shall be construed to
7 require an employment arrangement to receive professional
8 fees for services rendered;

9 (12) A finding by the Department that the license
10 holder, after having his license disciplined, has violated
11 the terms of the discipline;

12 (13) Wilfully making or filing false records or reports
13 in the practice of occupational therapy, including but not
14 limited to false records filed with the State agencies or
15 departments;

16 (14) Physical illness, including but not limited to,
17 deterioration through the aging process, or loss of motor
18 skill which results in the inability to practice the
19 profession with reasonable judgment, skill or safety;

20 (15) Solicitation of professional services other than
21 by permitted advertising;

22 (16) Wilfully exceeding the scope of practice
23 customarily undertaken by persons licensed under this Act,
24 which conduct results in, or may result in, harm to the
25 public;

26 (17) Holding one's self out to practice occupational

1 therapy under any name other than his own or impersonation
2 of any other occupational therapy licensee;

3 (18) Gross negligence;

4 (19) Malpractice;

5 (20) Obtaining a fee in money or gift in kind of any
6 other items of value or in the form of financial profit or
7 benefit as personal compensation, or as compensation, or
8 charge, profit or gain for an employer or for any other
9 person or persons, on the fraudulent misrepresentation
10 that a manifestly incurable condition of sickness, disease
11 or injury to any person can be cured;

12 (21) Accepting commissions or rebates or other forms of
13 remuneration for referring persons to other professionals;

14 (22) Failure to file a return, or to pay the tax,
15 penalty or interest shown in a filed return, or to pay any
16 final assessment of tax, penalty or interest, as required
17 by any tax Act administered by the Illinois Department of
18 Revenue, until such time as the requirements of any such
19 tax Act are satisfied;

20 (23) Violating the Health Care Worker Self-Referral
21 Act; and

22 (24) Having treated patients other than by the practice
23 of occupational therapy as defined in this Act, or having
24 treated patients as a licensed occupational therapist
25 independent of a referral from a physician, advanced
26 practice nurse or physician assistant in accordance with

1 Section 3.1, dentist, podiatric physician ~~podiatrist~~, or
2 optometrist, or having failed to notify the physician,
3 advanced practice nurse, physician assistant, dentist,
4 podiatric physician ~~podiatrist~~, or optometrist who
5 established a diagnosis that the patient is receiving
6 occupational therapy pursuant to that diagnosis.

7 (b) The determination by a circuit court that a license
8 holder is subject to involuntary admission or judicial
9 admission as provided in the Mental Health and Developmental
10 Disabilities Code, as now or hereafter amended, operates as an
11 automatic suspension. Such suspension will end only upon a
12 finding by a court that the patient is no longer subject to
13 involuntary admission or judicial admission, an order by the
14 court so finding and discharging the patient, and the
15 recommendation of the Board to the Director that the license
16 holder be allowed to resume his practice.

17 (c) The Department may refuse to issue or take disciplinary
18 action concerning the license of any person who fails to file a
19 return, to pay the tax, penalty, or interest shown in a filed
20 return, or to pay any final assessment of tax, penalty, or
21 interest as required by any tax Act administered by the
22 Department of Revenue, until such time as the requirements of
23 any such tax Act are satisfied as determined by the Department
24 of Revenue.

25 (d) In enforcing this Section, the Board, upon a showing of
26 a possible violation, may compel a licensee or applicant to

1 submit to a mental or physical examination, or both, as
2 required by and at the expense of the Department. The examining
3 physicians or clinical psychologists shall be those
4 specifically designated by the Board. The Board or the
5 Department may order (i) the examining physician to present
6 testimony concerning the mental or physical examination of a
7 licensee or applicant or (ii) the examining clinical
8 psychologist to present testimony concerning the mental
9 examination of a licensee or applicant. No information shall be
10 excluded by reason of any common law or statutory privilege
11 relating to communications between a licensee or applicant and
12 the examining physician or clinical psychologist. An
13 individual to be examined may have, at his or her own expense,
14 another physician or clinical psychologist of his or her choice
15 present during all aspects of the examination. Failure of an
16 individual to submit to a mental or physical examination, when
17 directed, is grounds for suspension of his or her license. The
18 license must remain suspended until the person submits to the
19 examination or the Board finds, after notice and hearing, that
20 the refusal to submit to the examination was with reasonable
21 cause.

22 If the Board finds an individual unable to practice because
23 of the reasons set forth in this Section, the Board must
24 require the individual to submit to care, counseling, or
25 treatment by a physician or clinical psychologist approved by
26 the Board, as a condition, term, or restriction for continued,

1 reinstated, or renewed licensure to practice. In lieu of care,
2 counseling, or treatment, the Board may recommend that the
3 Department file a complaint to immediately suspend or revoke
4 the license of the individual or otherwise discipline the
5 licensee.

6 Any individual whose license was granted, continued,
7 reinstated, or renewed subject to conditions, terms, or
8 restrictions, as provided for in this Section, or any
9 individual who was disciplined or placed on supervision
10 pursuant to this Section must be referred to the Director for a
11 determination as to whether the person shall have his or her
12 license suspended immediately, pending a hearing by the Board.
13 (Source: P.A. 96-1482, eff. 11-29-10.)

14 Section 55. The Orthotics, Prosthetics, and Pedorthics
15 Practice Act is amended by changing Sections 10 and 57 as
16 follows:

17 (225 ILCS 84/10)

18 (Section scheduled to be repealed on January 1, 2020)

19 Sec. 10. Definitions. As used in this Act:

20 "Accredited facility" means a facility which has been
21 accredited by the Center for Medicare Medicaid Services to
22 practice prosthetics, orthotics or pedorthics and which
23 represents itself to the public by title or description of
24 services that includes the term "prosthetic", "prosthetist",

1 "artificial limb", "orthotic", "orthotist", "brace",
2 "pedorthic", "pedorthist" or a similar title or description of
3 services.

4 "Address of record" means the designated address recorded
5 by the Department in the applicant's or licensee's application
6 file or license file maintained by the Department's licensure
7 maintenance unit. It is the duty of the applicant or licensee
8 to inform the Department of any change of address, and such
9 changes must be made either through the Department's website or
10 by contacting the Department.

11 "Assistant" means a person who is educated and trained to
12 participate in comprehensive orthotic or prosthetic care while
13 under the supervision, as defined by rule, of a licensed
14 orthotist or licensed prosthetist. Assistants may perform
15 orthotic or prosthetic procedures and related tasks in the
16 management of patient care. Assistants may also fabricate,
17 repair, and maintain orthoses and prostheses.

18 "Board" means the Board of Orthotics, Prosthetics, and
19 Pedorthics.

20 "Custom fabricated device" means an orthosis, prosthesis,
21 or pedorthic device fabricated to comprehensive measurements
22 or a mold or patient model for use by a patient in accordance
23 with a prescription and which requires clinical and technical
24 judgment in its design, fabrication, and fitting.

25 "Custom fitted device" means an orthosis, prosthesis, or
26 pedorthic device made to patient measurements sized or modified

1 for use by the patient in accordance with a prescription and
2 which requires clinical and technical judgment and substantive
3 alteration in its design.

4 "Department" means the Department of Financial and
5 Professional Regulation.

6 "Facility" means the business location where orthotic,
7 prosthetic, or pedorthic care is provided and, in the case of
8 an orthotic/prosthetic facility, has the appropriate clinical
9 and laboratory space and equipment to provide comprehensive
10 orthotic or prosthetic care and, in the case of a pedorthic
11 facility, has the appropriate clinical space and equipment to
12 provide pedorthic care. Licensed orthotists, prosthetists, and
13 pedorthists must be available to either provide care or
14 supervise the provision of care by unlicensed staff.

15 "Licensed orthotist" or "LO" means a person licensed under
16 this Act to practice orthotics and who represents himself or
17 herself to the public by title or description of services that
18 includes the term "orthotic", "orthotist", "brace", or a
19 similar title or description of services.

20 "Licensed pedorthist" or "LPed" means a person licensed
21 under this Act to practice pedorthics and who represents
22 himself or herself to the public by the title or description of
23 services that include the term "pedorthic", "pedorthist", or a
24 similar title or description of services.

25 "Licensed physician" means a person licensed under the
26 Medical Practice Act of 1987.

1 "Licensed podiatric physician" ~~podiatrist~~ means a person
2 licensed under the Podiatric Medical Practice Act of 1987.

3 "Licensed prosthetist" or "LP" means a person licensed
4 under this Act to practice prosthetics and who represents
5 himself or herself to the public by title or description of
6 services that includes the term "prosthetic", "prosthetist",
7 "artificial limb", or a similar title or description of
8 services.

9 "Off-the-shelf device" means a prefabricated orthosis,
10 prosthesis, or pedorthic device sized or modified for use by
11 the patient in accordance with a prescription and that does not
12 require substantial clinical judgment and substantive
13 alteration for appropriate use.

14 "Orthosis" means a custom-fabricated or custom-fitted
15 brace or support designed to provide for alignment, correction,
16 or prevention of neuromuscular or musculoskeletal dysfunction,
17 disease, injury, or deformity. "Orthosis" does not include
18 fabric or elastic supports, corsets, arch supports,
19 low-temperature plastic splints, trusses, elastic hoses,
20 canes, crutches, soft cervical collars, dental appliances, or
21 other similar devices carried in stock and sold as
22 "over-the-counter" items by a drug store, department store,
23 corset shop, or surgical supply facility.

24 "Orthotic and Prosthetic Education Program" means a course
25 of instruction accredited by the Commission on Accreditation of
26 Allied Health Education Programs, consisting of (i) a basic

1 curriculum of college level instruction in math, physics,
2 biology, chemistry, and psychology and (ii) a specific
3 curriculum in orthotic or prosthetic courses, including: (A)
4 lectures covering pertinent anatomy, biomechanics,
5 pathomechanics, prosthetic-orthotic components and materials,
6 training and functional capabilities, prosthetic or orthotic
7 performance evaluation, prescription considerations, etiology
8 of amputations and disease processes necessitating prosthetic
9 or orthotic use, and medical management; (B) subject matter
10 related to pediatric and geriatric problems; (C) instruction in
11 acute care techniques, such as immediate and early
12 post-surgical prosthetics and fracture bracing techniques; and
13 (D) lectures, demonstrations, and laboratory experiences
14 related to the entire process of measuring, casting, fitting,
15 fabricating, aligning, and completing prostheses or orthoses.

16 "Orthotic and prosthetic scope of practice" means a list of
17 tasks, with relative weight given to such factors as
18 importance, criticality, and frequency, based on
19 internationally accepted standards of orthotic and prosthetic
20 care as outlined by the International Society of Prosthetics
21 and Orthotics' professional profile for Category I and Category
22 III orthotic and prosthetic personnel.

23 "Orthotics" means the science and practice of evaluating,
24 measuring, designing, fabricating, assembling, fitting,
25 adjusting, or servicing an orthosis under an order from a
26 licensed physician or podiatric physician ~~podiatrist~~ for the

1 correction or alleviation of neuromuscular or musculoskeletal
2 dysfunction, disease, injury, or deformity.

3 "Orthotist" means a health care professional, specifically
4 educated and trained in orthotic patient care, who measures,
5 designs, fabricates, fits, or services orthoses and may assist
6 in the formulation of the order and treatment plan of orthoses
7 for the support or correction of disabilities caused by
8 neuro-musculoskeletal diseases, injuries, or deformities.

9 "Over-the-counter" means a prefabricated, mass-produced
10 device that is prepackaged and requires no professional advice
11 or judgement in either size selection or use, including fabric
12 or elastic supports, corsets, generic arch supports, elastic
13 hoses.

14 "Pedorthic device" means therapeutic shoes (e.g. diabetic
15 shoes and inserts), shoe modifications made for therapeutic
16 purposes, below the ankle partial foot prostheses, and foot
17 orthoses for use at the ankle or below. It also includes
18 subtalar-control foot orthoses designed to manage the function
19 of the anatomy by controlling the range of motion of the
20 subtalar joint. Excluding footwear, the proximal height of a
21 custom pedorthic device does not extend beyond the junction of
22 the gastrocnemius and the Achilles tendon. Pedorthic devices do
23 not include non-therapeutic inlays or footwear regardless of
24 method of manufacture; unmodified, non-therapeutic
25 over-the-counter shoes; or prefabricated foot care products.
26 "Therapeutic" devices address a medical condition, diagnosed

1 by a prescribing medical professional, while "non-therapeutic"
2 devices do not address a medical condition.

3 "Pedorthic education program" means an educational program
4 accredited by the National Commission on Orthotic and
5 Prosthetic Education consisting of (i) a basic curriculum of
6 instruction in foot-related pathology of diseases, anatomy,
7 and biomechanics and (ii) a specific curriculum in pedorthic
8 courses, including lectures covering shoes, foot orthoses, and
9 shoe modifications, pedorthic components and materials,
10 training and functional capabilities, pedorthic performance
11 evaluation, prescription considerations, etiology of disease
12 processes necessitating use of pedorthic devices, medical
13 management, subject matter related to pediatric and geriatric
14 problems, and lectures, demonstrations, and laboratory
15 experiences related to the entire process of measuring and
16 casting, fitting, fabricating, aligning, and completing
17 pedorthic devices.

18 "Pedorthic scope of practice" means a list of tasks with
19 relative weight given to such factors as importance,
20 criticality, and frequency based on nationally accepted
21 standards of pedorthic care as outlined by the National
22 Commission on Orthotic and Prosthetic Education comprehensive
23 analysis with an empirical validation study of the profession
24 performed by an independent testing company.

25 "Pedorthics" means the science and practice of evaluating,
26 measuring, designing, fabricating, assembling, fitting,

1 adjusting, or servicing a pedorthic device under an order from
2 a licensed physician or podiatric physician ~~pediatrist~~ for the
3 correction or alleviation of neuromuscular or musculoskeletal
4 dysfunction, disease, injury, or deformity.

5 "Pedorthist" means a health care professional,
6 specifically educated and trained in pedorthic patient care,
7 who measures, designs, fabricates, fits, or services pedorthic
8 devices and may assist in the formulation of the order and
9 treatment plan of pedorthic devices for the support or
10 correction of disabilities caused by neuro-musculoskeletal
11 diseases, injuries, or deformities.

12 "Person" means a natural person.

13 "Prosthesis" means an artificial medical device that is not
14 surgically implanted and that is used to replace a missing
15 limb, appendage, or any other external human body part
16 including an artificial limb, hand, or foot. "Prosthesis" does
17 not include artificial eyes, ears, fingers, or toes, dental
18 appliances, cosmetic devices such as artificial breasts,
19 eyelashes, or wigs, or other devices that do not have a
20 significant impact on the musculoskeletal functions of the
21 body.

22 "Prosthetics" means the science and practice of
23 evaluating, measuring, designing, fabricating, assembling,
24 fitting, adjusting, or servicing a prosthesis under an order
25 from a licensed physician.

26 "Prosthetist" means a health care professional,

1 specifically educated and trained in prosthetic patient care,
2 who measures, designs, fabricates, fits, or services
3 prostheses and may assist in the formulation of the order and
4 treatment plan of prostheses for the replacement of external
5 parts of the human body lost due to amputation or congenital
6 deformities or absences.

7 "Prosthetist/orthotist" means a person who practices both
8 disciplines of prosthetics and orthotics and who represents
9 himself or herself to the public by title or by description of
10 services. A person who is currently licensed by the State as
11 both a licensed prosthetist and a licensed orthotist may use
12 the title "Licensed Prosthetist Orthotist" or "LPO".

13 "Resident" means a person who has completed an education
14 program in either orthotics or prosthetics and is continuing
15 his or her clinical education in a residency accredited by the
16 National Commission on Orthotic and Prosthetic Education.

17 "Residency" means a minimum of a one-year approved
18 supervised program to acquire practical clinical training in
19 orthotics or prosthetics in a patient care setting.

20 "Secretary" means the Secretary of Financial and
21 Professional Regulation.

22 "Technician" means a person who assists an orthotist,
23 prosthetist, prosthetist/orthotist, or pedorthist with
24 fabrication of orthoses, prostheses, or pedorthic devices but
25 does not provide direct patient care.

26 (Source: P.A. 96-682, eff. 8-25-09.)

1 (225 ILCS 84/57)

2 (Section scheduled to be repealed on January 1, 2020)

3 Sec. 57. Limitation on provision of care and services. A
4 licensed orthotist, prosthetist, or pedorthist may provide
5 care or services only if the care or services are provided
6 pursuant to an order from (i) a licensed physician, (ii) a
7 podiatric physician ~~podiatrist~~, (iii) an advanced practice
8 nurse who has a written collaborative agreement with a
9 collaborating physician or podiatric physician ~~podiatrist~~ that
10 specifically authorizes ordering the services of an orthotist,
11 prosthetist or pedorthist, (iv) an advanced practice nurse who
12 practices in a hospital or ambulatory surgical treatment center
13 and possesses clinical privileges to order services of an
14 orthotist, prosthetist, or pedorthist, or (v) a physician
15 assistant who has been delegated the authority to order the
16 services of an orthotist, prosthetist, or pedorthist by his or
17 her supervising physician. A licensed podiatric physician
18 ~~podiatrist~~ or advanced practice nurse collaborating with a
19 podiatric physician ~~podiatrist~~ may only order care or services
20 concerning the foot from a licensed prosthetist.

21 (Source: P.A. 96-682, eff. 8-25-09.)

22 Section 60. The Pharmacy Practice Act is amended by
23 changing Sections 3, 4, and 22 as follows:

1 (225 ILCS 85/3)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 3. Definitions. For the purpose of this Act, except
4 where otherwise limited therein:

5 (a) "Pharmacy" or "drugstore" means and includes every
6 store, shop, pharmacy department, or other place where
7 pharmacist care is provided by a pharmacist (1) where drugs,
8 medicines, or poisons are dispensed, sold or offered for sale
9 at retail, or displayed for sale at retail; or (2) where
10 prescriptions of physicians, dentists, advanced practice
11 nurses, physician assistants, veterinarians, podiatric
12 physicians ~~podiatrists~~, or optometrists, within the limits of
13 their licenses, are compounded, filled, or dispensed; or (3)
14 which has upon it or displayed within it, or affixed to or used
15 in connection with it, a sign bearing the word or words
16 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",
17 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",
18 "Drugs", "Dispensary", "Medicines", or any word or words of
19 similar or like import, either in the English language or any
20 other language; or (4) where the characteristic prescription
21 sign (Rx) or similar design is exhibited; or (5) any store, or
22 shop, or other place with respect to which any of the above
23 words, objects, signs or designs are used in any advertisement.

24 (b) "Drugs" means and includes (1) articles recognized in
25 the official United States Pharmacopoeia/National Formulary
26 (USP/NF), or any supplement thereto and being intended for and

1 having for their main use the diagnosis, cure, mitigation,
2 treatment or prevention of disease in man or other animals, as
3 approved by the United States Food and Drug Administration, but
4 does not include devices or their components, parts, or
5 accessories; and (2) all other articles intended for and having
6 for their main use the diagnosis, cure, mitigation, treatment
7 or prevention of disease in man or other animals, as approved
8 by the United States Food and Drug Administration, but does not
9 include devices or their components, parts, or accessories; and
10 (3) articles (other than food) having for their main use and
11 intended to affect the structure or any function of the body of
12 man or other animals; and (4) articles having for their main
13 use and intended for use as a component or any articles
14 specified in clause (1), (2) or (3); but does not include
15 devices or their components, parts or accessories.

16 (c) "Medicines" means and includes all drugs intended for
17 human or veterinary use approved by the United States Food and
18 Drug Administration.

19 (d) "Practice of pharmacy" means (1) the interpretation and
20 the provision of assistance in the monitoring, evaluation, and
21 implementation of prescription drug orders; (2) the dispensing
22 of prescription drug orders; (3) participation in drug and
23 device selection; (4) drug administration limited to the
24 administration of oral, topical, injectable, and inhalation as
25 follows: in the context of patient education on the proper use
26 or delivery of medications; vaccination of patients 14 years of

1 age and older pursuant to a valid prescription or standing
2 order, by a physician licensed to practice medicine in all its
3 branches, upon completion of appropriate training, including
4 how to address contraindications and adverse reactions set
5 forth by rule, with notification to the patient's physician and
6 appropriate record retention, or pursuant to hospital pharmacy
7 and therapeutics committee policies and procedures; (5)
8 vaccination of patients ages 10 through 13 limited to the
9 Influenza (inactivated influenza vaccine and live attenuated
10 influenza intranasal vaccine) and Tdap (defined as tetanus,
11 diphtheria, acellular pertussis) vaccines, pursuant to a valid
12 prescription or standing order, by a physician licensed to
13 practice medicine in all its branches, upon completion of
14 appropriate training, including how to address
15 contraindications and adverse reactions set forth by rule, with
16 notification to the patient's physician and appropriate record
17 retention, or pursuant to hospital pharmacy and therapeutics
18 committee policies and procedures; (6) drug regimen review; (7)
19 drug or drug-related research; (8) the provision of patient
20 counseling; (9) the practice of telepharmacy; (10) the
21 provision of those acts or services necessary to provide
22 pharmacist care; (11) medication therapy management; and (12)
23 the responsibility for compounding and labeling of drugs and
24 devices (except labeling by a manufacturer, repackager, or
25 distributor of non-prescription drugs and commercially
26 packaged legend drugs and devices), proper and safe storage of

1 drugs and devices, and maintenance of required records. A
2 pharmacist who performs any of the acts defined as the practice
3 of pharmacy in this State must be actively licensed as a
4 pharmacist under this Act.

5 (e) "Prescription" means and includes any written, oral,
6 facsimile, or electronically transmitted order for drugs or
7 medical devices, issued by a physician licensed to practice
8 medicine in all its branches, dentist, veterinarian, or
9 podiatric physician ~~podiatrist~~, or optometrist, within the
10 limits of their licenses, by a physician assistant in
11 accordance with subsection (f) of Section 4, or by an advanced
12 practice nurse in accordance with subsection (g) of Section 4,
13 containing the following: (1) name of the patient; (2) date
14 when prescription was issued; (3) name and strength of drug or
15 description of the medical device prescribed; and (4) quantity;
16 (5) directions for use; (6) prescriber's name, address, and
17 signature; and (7) DEA number where required, for controlled
18 substances. The prescription may, but is not required to, list
19 the illness, disease, or condition for which the drug or device
20 is being prescribed. DEA numbers shall not be required on
21 inpatient drug orders.

22 (f) "Person" means and includes a natural person,
23 copartnership, association, corporation, government entity, or
24 any other legal entity.

25 (g) "Department" means the Department of Financial and
26 Professional Regulation.

1 (h) "Board of Pharmacy" or "Board" means the State Board of
2 Pharmacy of the Department of Financial and Professional
3 Regulation.

4 (i) "Secretary" means the Secretary of Financial and
5 Professional Regulation.

6 (j) "Drug product selection" means the interchange for a
7 prescribed pharmaceutical product in accordance with Section
8 25 of this Act and Section 3.14 of the Illinois Food, Drug and
9 Cosmetic Act.

10 (k) "Inpatient drug order" means an order issued by an
11 authorized prescriber for a resident or patient of a facility
12 licensed under the Nursing Home Care Act, the ID/DD Community
13 Care Act, the Specialized Mental Health Rehabilitation Act, or
14 the Hospital Licensing Act, or "An Act in relation to the
15 founding and operation of the University of Illinois Hospital
16 and the conduct of University of Illinois health care
17 programs", approved July 3, 1931, as amended, or a facility
18 which is operated by the Department of Human Services (as
19 successor to the Department of Mental Health and Developmental
20 Disabilities) or the Department of Corrections.

21 (k-5) "Pharmacist" means an individual health care
22 professional and provider currently licensed by this State to
23 engage in the practice of pharmacy.

24 (l) "Pharmacist in charge" means the licensed pharmacist
25 whose name appears on a pharmacy license and who is responsible
26 for all aspects of the operation related to the practice of

1 pharmacy.

2 (m) "Dispense" or "dispensing" means the interpretation,
3 evaluation, and implementation of a prescription drug order,
4 including the preparation and delivery of a drug or device to a
5 patient or patient's agent in a suitable container
6 appropriately labeled for subsequent administration to or use
7 by a patient in accordance with applicable State and federal
8 laws and regulations. "Dispense" or "dispensing" does not mean
9 the physical delivery to a patient or a patient's
10 representative in a home or institution by a designee of a
11 pharmacist or by common carrier. "Dispense" or "dispensing"
12 also does not mean the physical delivery of a drug or medical
13 device to a patient or patient's representative by a
14 pharmacist's designee within a pharmacy or drugstore while the
15 pharmacist is on duty and the pharmacy is open.

16 (n) "Nonresident pharmacy" means a pharmacy that is located
17 in a state, commonwealth, or territory of the United States,
18 other than Illinois, that delivers, dispenses, or distributes,
19 through the United States Postal Service, commercially
20 acceptable parcel delivery service, or other common carrier, to
21 Illinois residents, any substance which requires a
22 prescription.

23 (o) "Compounding" means the preparation and mixing of
24 components, excluding flavorings, (1) as the result of a
25 prescriber's prescription drug order or initiative based on the
26 prescriber-patient-pharmacist relationship in the course of

1 professional practice or (2) for the purpose of, or incident
2 to, research, teaching, or chemical analysis and not for sale
3 or dispensing. "Compounding" includes the preparation of drugs
4 or devices in anticipation of receiving prescription drug
5 orders based on routine, regularly observed dispensing
6 patterns. Commercially available products may be compounded
7 for dispensing to individual patients only if all of the
8 following conditions are met: (i) the commercial product is not
9 reasonably available from normal distribution channels in a
10 timely manner to meet the patient's needs and (ii) the
11 prescribing practitioner has requested that the drug be
12 compounded.

13 (p) (Blank).

14 (q) (Blank).

15 (r) "Patient counseling" means the communication between a
16 pharmacist or a student pharmacist under the supervision of a
17 pharmacist and a patient or the patient's representative about
18 the patient's medication or device for the purpose of
19 optimizing proper use of prescription medications or devices.
20 "Patient counseling" may include without limitation (1)
21 obtaining a medication history; (2) acquiring a patient's
22 allergies and health conditions; (3) facilitation of the
23 patient's understanding of the intended use of the medication;
24 (4) proper directions for use; (5) significant potential
25 adverse events; (6) potential food-drug interactions; and (7)
26 the need to be compliant with the medication therapy. A

1 pharmacy technician may only participate in the following
2 aspects of patient counseling under the supervision of a
3 pharmacist: (1) obtaining medication history; (2) providing
4 the offer for counseling by a pharmacist or student pharmacist;
5 and (3) acquiring a patient's allergies and health conditions.

6 (s) "Patient profiles" or "patient drug therapy record"
7 means the obtaining, recording, and maintenance of patient
8 prescription information, including prescriptions for
9 controlled substances, and personal information.

10 (t) (Blank).

11 (u) "Medical device" means an instrument, apparatus,
12 implement, machine, contrivance, implant, in vitro reagent, or
13 other similar or related article, including any component part
14 or accessory, required under federal law to bear the label
15 "Caution: Federal law requires dispensing by or on the order of
16 a physician". A seller of goods and services who, only for the
17 purpose of retail sales, compounds, sells, rents, or leases
18 medical devices shall not, by reasons thereof, be required to
19 be a licensed pharmacy.

20 (v) "Unique identifier" means an electronic signature,
21 handwritten signature or initials, thumb print, or other
22 acceptable biometric or electronic identification process as
23 approved by the Department.

24 (w) "Current usual and customary retail price" means the
25 price that a pharmacy charges to a non-third-party payor.

26 (x) "Automated pharmacy system" means a mechanical system

1 located within the confines of the pharmacy or remote location
2 that performs operations or activities, other than compounding
3 or administration, relative to storage, packaging, dispensing,
4 or distribution of medication, and which collects, controls,
5 and maintains all transaction information.

6 (y) "Drug regimen review" means and includes the evaluation
7 of prescription drug orders and patient records for (1) known
8 allergies; (2) drug or potential therapy contraindications;
9 (3) reasonable dose, duration of use, and route of
10 administration, taking into consideration factors such as age,
11 gender, and contraindications; (4) reasonable directions for
12 use; (5) potential or actual adverse drug reactions; (6)
13 drug-drug interactions; (7) drug-food interactions; (8)
14 drug-disease contraindications; (9) therapeutic duplication;
15 (10) patient laboratory values when authorized and available;
16 (11) proper utilization (including over or under utilization)
17 and optimum therapeutic outcomes; and (12) abuse and misuse.

18 (z) "Electronic transmission prescription" means any
19 prescription order for which a facsimile or electronic image of
20 the order is electronically transmitted from a licensed
21 prescriber to a pharmacy. "Electronic transmission
22 prescription" includes both data and image prescriptions.

23 (aa) "Medication therapy management services" means a
24 distinct service or group of services offered by licensed
25 pharmacists, physicians licensed to practice medicine in all
26 its branches, advanced practice nurses authorized in a written

1 agreement with a physician licensed to practice medicine in all
2 its branches, or physician assistants authorized in guidelines
3 by a supervising physician that optimize therapeutic outcomes
4 for individual patients through improved medication use. In a
5 retail or other non-hospital pharmacy, medication therapy
6 management services shall consist of the evaluation of
7 prescription drug orders and patient medication records to
8 resolve conflicts with the following:

- 9 (1) known allergies;
- 10 (2) drug or potential therapy contraindications;
- 11 (3) reasonable dose, duration of use, and route of
12 administration, taking into consideration factors such as
13 age, gender, and contraindications;
- 14 (4) reasonable directions for use;
- 15 (5) potential or actual adverse drug reactions;
- 16 (6) drug-drug interactions;
- 17 (7) drug-food interactions;
- 18 (8) drug-disease contraindications;
- 19 (9) identification of therapeutic duplication;
- 20 (10) patient laboratory values when authorized and
21 available;
- 22 (11) proper utilization (including over or under
23 utilization) and optimum therapeutic outcomes; and
- 24 (12) drug abuse and misuse.

25 "Medication therapy management services" includes the
26 following:

1 (1) documenting the services delivered and
2 communicating the information provided to patients'
3 prescribers within an appropriate time frame, not to exceed
4 48 hours;

5 (2) providing patient counseling designed to enhance a
6 patient's understanding and the appropriate use of his or
7 her medications; and

8 (3) providing information, support services, and
9 resources designed to enhance a patient's adherence with
10 his or her prescribed therapeutic regimens.

11 "Medication therapy management services" may also include
12 patient care functions authorized by a physician licensed to
13 practice medicine in all its branches for his or her identified
14 patient or groups of patients under specified conditions or
15 limitations in a standing order from the physician.

16 "Medication therapy management services" in a licensed
17 hospital may also include the following:

18 (1) reviewing assessments of the patient's health
19 status; and

20 (2) following protocols of a hospital pharmacy and
21 therapeutics committee with respect to the fulfillment of
22 medication orders.

23 (bb) "Pharmacist care" means the provision by a pharmacist
24 of medication therapy management services, with or without the
25 dispensing of drugs or devices, intended to achieve outcomes
26 that improve patient health, quality of life, and comfort and

1 enhance patient safety.

2 (cc) "Protected health information" means individually
3 identifiable health information that, except as otherwise
4 provided, is:

5 (1) transmitted by electronic media;

6 (2) maintained in any medium set forth in the
7 definition of "electronic media" in the federal Health
8 Insurance Portability and Accountability Act; or

9 (3) transmitted or maintained in any other form or
10 medium.

11 "Protected health information" does not include
12 individually identifiable health information found in:

13 (1) education records covered by the federal Family
14 Educational Right and Privacy Act; or

15 (2) employment records held by a licensee in its role
16 as an employer.

17 (dd) "Standing order" means a specific order for a patient
18 or group of patients issued by a physician licensed to practice
19 medicine in all its branches in Illinois.

20 (ee) "Address of record" means the address recorded by the
21 Department in the applicant's or licensee's application file or
22 license file, as maintained by the Department's licensure
23 maintenance unit.

24 (ff) "Home pharmacy" means the location of a pharmacy's
25 primary operations.

26 (Source: P.A. 96-339, eff. 7-1-10; 96-673, eff. 1-1-10;

1 96-1000, eff. 7-2-10; 96-1353, eff. 7-28-10; 97-38, eff.
2 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12; 97-1043,
3 eff. 8-21-12.)

4 (225 ILCS 85/4) (from Ch. 111, par. 4124)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 4. Exemptions. Nothing contained in any Section of
7 this Act shall apply to, or in any manner interfere with:

8 (a) the lawful practice of any physician licensed to
9 practice medicine in all of its branches, dentist, podiatric
10 physician ~~podiatrist~~, veterinarian, or therapeutically or
11 diagnostically certified optometrist within the limits of his
12 or her license, or prevent him or her from supplying to his or
13 her bona fide patients such drugs, medicines, or poisons as may
14 seem to him appropriate;

15 (b) the sale of compressed gases;

16 (c) the sale of patent or proprietary medicines and
17 household remedies when sold in original and unbroken packages
18 only, if such patent or proprietary medicines and household
19 remedies be properly and adequately labeled as to content and
20 usage and generally considered and accepted as harmless and
21 nonpoisonous when used according to the directions on the
22 label, and also do not contain opium or coca leaves, or any
23 compound, salt or derivative thereof, or any drug which,
24 according to the latest editions of the following authoritative
25 pharmaceutical treatises and standards, namely, The United

1 States Pharmacopoeia/National Formulary (USP/NF), the United
2 States Dispensatory, and the Accepted Dental Remedies of the
3 Council of Dental Therapeutics of the American Dental
4 Association or any or either of them, in use on the effective
5 date of this Act, or according to the existing provisions of
6 the Federal Food, Drug, and Cosmetic Act and Regulations of the
7 Department of Health and Human Services, Food and Drug
8 Administration, promulgated thereunder now in effect, is
9 designated, described or considered as a narcotic, hypnotic,
10 habit forming, dangerous, or poisonous drug;

11 (d) the sale of poultry and livestock remedies in original
12 and unbroken packages only, labeled for poultry and livestock
13 medication;

14 (e) the sale of poisonous substances or mixture of
15 poisonous substances, in unbroken packages, for nonmedicinal
16 use in the arts or industries or for insecticide purposes;
17 provided, they are properly and adequately labeled as to
18 content and such nonmedicinal usage, in conformity with the
19 provisions of all applicable federal, state and local laws and
20 regulations promulgated thereunder now in effect relating
21 thereto and governing the same, and those which are required
22 under such applicable laws and regulations to be labeled with
23 the word "Poison", are also labeled with the word "Poison"
24 printed thereon in prominent type and the name of a readily
25 obtainable antidote with directions for its administration;

26 (f) the delegation of limited prescriptive authority by a

1 physician licensed to practice medicine in all its branches to
2 a physician assistant under Section 7.5 of the Physician
3 Assistant Practice Act of 1987. This delegated authority under
4 Section 7.5 of the Physician Assistant Practice Act of 1987
5 may, but is not required to, include prescription of controlled
6 substances, as defined in Article II of the Illinois Controlled
7 Substances Act, in accordance with a written supervision
8 agreement; and

9 (g) the delegation of prescriptive authority by a physician
10 licensed to practice medicine in all its branches or a licensed
11 podiatric physician ~~podiatrist~~ to an advanced practice nurse in
12 accordance with a written collaborative agreement under
13 Sections 65-35 and 65-40 of the Nurse Practice Act.

14 (Source: P.A. 95-639, eff. 10-5-07; 96-189, eff. 8-10-09;
15 96-268, eff. 8-11-09.)

16 (225 ILCS 85/22) (from Ch. 111, par. 4142)

17 (Section scheduled to be repealed on January 1, 2018)

18 Sec. 22. Except only in the case of a drug, medicine or
19 poison which is lawfully sold or dispensed, at retail, in the
20 original and unbroken package of the manufacturer, packer, or
21 distributor thereof, and which package bears the original label
22 thereon showing the name and address of the manufacturer,
23 packer, or distributor thereof, and the name of the drug,
24 medicine, or poison therein contained, and the directions for
25 its use, no person shall sell or dispense, at retail, any drug,

1 medicine, or poison, without affixing to the box, bottle,
2 vessel, or package containing the same, a label bearing the
3 name of the article distinctly shown, and the directions for
4 its use, with the name and address of the pharmacy wherein the
5 same is sold or dispensed. However, in the case of a drug,
6 medicine, or poison which is sold or dispensed pursuant to a
7 prescription of a physician licensed to practice medicine in
8 all of its branches, licensed dentist, licensed veterinarian,
9 licensed podiatric physician ~~podiatrist~~, or therapeutically or
10 diagnostically certified optometrist authorized by law to
11 prescribe drugs or medicines or poisons, the label affixed to
12 the box, bottle, vessel, or package containing the same shall
13 show: (a) the name and address of the pharmacy wherein the same
14 is sold or dispensed; (b) the name or initials of the person,
15 authorized to practice pharmacy under the provisions of this
16 Act, selling or dispensing the same, (c) the date on which such
17 prescription was filled; (d) the name of the patient; (e) the
18 serial number of such prescription as filed in the prescription
19 files; (f) the last name of the practitioner who prescribed
20 such prescriptions; (g) the directions for use thereof as
21 contained in such prescription; and (h) the proprietary name or
22 names or the established name or names of the drugs, the dosage
23 and quantity, except as otherwise authorized by regulation of
24 the Department.

25 (Source: P.A. 95-689, eff. 10-29-07.)

1 Section 65. The Illinois Physical Therapy Act is amended by
2 changing Sections 1 and 17 as follows:

3 (225 ILCS 90/1) (from Ch. 111, par. 4251)

4 (Section scheduled to be repealed on January 1, 2016)

5 Sec. 1. Definitions. As used in this Act:

6 (1) "Physical therapy" means all of the following:

7 (A) Examining, evaluating, and testing individuals who
8 may have mechanical, physiological, or developmental
9 impairments, functional limitations, disabilities, or
10 other health and movement-related conditions, classifying
11 these disorders, determining a rehabilitation prognosis
12 and plan of therapeutic intervention, and assessing the
13 on-going effects of the interventions.

14 (B) Alleviating impairments, functional limitations,
15 or disabilities by designing, implementing, and modifying
16 therapeutic interventions that may include, but are not
17 limited to, the evaluation or treatment of a person through
18 the use of the effective properties of physical measures
19 and heat, cold, light, water, radiant energy, electricity,
20 sound, and air and use of therapeutic massage, therapeutic
21 exercise, mobilization, and rehabilitative procedures,
22 with or without assistive devices, for the purposes of
23 preventing, correcting, or alleviating a physical or
24 mental impairment, functional limitation, or disability.

25 (C) Reducing the risk of injury, impairment,

1 functional limitation, or disability, including the
2 promotion and maintenance of fitness, health, and
3 wellness.

4 (D) Engaging in administration, consultation,
5 education, and research.

6 Physical therapy includes, but is not limited to: (a)
7 performance of specialized tests and measurements, (b)
8 administration of specialized treatment procedures, (c)
9 interpretation of referrals from physicians, dentists,
10 advanced practice nurses, physician assistants, and podiatric
11 physicians ~~podiatrists~~, (d) establishment, and modification of
12 physical therapy treatment programs, (e) administration of
13 topical medication used in generally accepted physical therapy
14 procedures when such medication is prescribed by the patient's
15 physician, licensed to practice medicine in all its branches,
16 the patient's physician licensed to practice podiatric
17 medicine, the patient's advanced practice nurse, the patient's
18 physician assistant, or the patient's dentist, and (f)
19 supervision or teaching of physical therapy. Physical therapy
20 does not include radiology, electrosurgery, chiropractic
21 technique or determination of a differential diagnosis;
22 provided, however, the limitation on determining a
23 differential diagnosis shall not in any manner limit a physical
24 therapist licensed under this Act from performing an evaluation
25 pursuant to such license. Nothing in this Section shall limit a
26 physical therapist from employing appropriate physical therapy

1 techniques that he or she is educated and licensed to perform.
2 A physical therapist shall refer to a licensed physician,
3 advanced practice nurse, physician assistant, dentist, or
4 podiatric physician ~~podiatrist~~ any patient whose medical
5 condition should, at the time of evaluation or treatment, be
6 determined to be beyond the scope of practice of the physical
7 therapist.

8 (2) "Physical therapist" means a person who practices
9 physical therapy and who has met all requirements as provided
10 in this Act.

11 (3) "Department" means the Department of Professional
12 Regulation.

13 (4) "Director" means the Director of Professional
14 Regulation.

15 (5) "Board" means the Physical Therapy Licensing and
16 Disciplinary Board approved by the Director.

17 (6) "Referral" means a written or oral authorization for
18 physical therapy services for a patient by a physician,
19 dentist, advanced practice nurse, physician assistant, or
20 podiatric physician ~~podiatrist~~ who maintains medical
21 supervision of the patient and makes a diagnosis or verifies
22 that the patient's condition is such that it may be treated by
23 a physical therapist.

24 (7) "Documented current and relevant diagnosis" for the
25 purpose of this Act means a diagnosis, substantiated by
26 signature or oral verification of a physician, dentist,

1 advanced practice nurse, physician assistant, or podiatric
2 physician ~~podiatrist~~, that a patient's condition is such that
3 it may be treated by physical therapy as defined in this Act,
4 which diagnosis shall remain in effect until changed by the
5 physician, dentist, advanced practice nurse, physician
6 assistant, or podiatric physician ~~podiatrist~~.

7 (8) "State" includes:

8 (a) the states of the United States of America;

9 (b) the District of Columbia; and

10 (c) the Commonwealth of Puerto Rico.

11 (9) "Physical therapist assistant" means a person licensed
12 to assist a physical therapist and who has met all requirements
13 as provided in this Act and who works under the supervision of
14 a licensed physical therapist to assist in implementing the
15 physical therapy treatment program as established by the
16 licensed physical therapist. The patient care activities
17 provided by the physical therapist assistant shall not include
18 the interpretation of referrals, evaluation procedures, or the
19 planning or major modification of patient programs.

20 (10) "Physical therapy aide" means a person who has
21 received on the job training, specific to the facility in which
22 he is employed, but who has not completed an approved physical
23 therapist assistant program.

24 (11) "Advanced practice nurse" means a person licensed
25 under the Nurse Practice Act who has a collaborative agreement
26 with a collaborating physician that authorizes referrals to

1 physical therapists.

2 (12) "Physician assistant" means a person licensed under
3 the Physician Assistant Practice Act of 1987 who has been
4 delegated authority to make referrals to physical therapists.
5 (Source: P.A. 94-651, eff. 1-1-06; 95-639, eff. 10-5-07.)

6 (225 ILCS 90/17) (from Ch. 111, par. 4267)

7 (Section scheduled to be repealed on January 1, 2016)

8 Sec. 17. (1) The Department may refuse to issue or to
9 renew, or may revoke, suspend, place on probation, reprimand,
10 or take other disciplinary action as the Department deems
11 appropriate, including the issuance of fines not to exceed
12 \$5000, with regard to a license for any one or a combination of
13 the following:

14 A. Material misstatement in furnishing information to
15 the Department or otherwise making misleading, deceptive,
16 untrue, or fraudulent representations in violation of this
17 Act or otherwise in the practice of the profession;

18 B. Violations of this Act, or of the rules or
19 regulations promulgated hereunder;

20 C. Conviction of any crime under the laws of the United
21 States or any state or territory thereof which is a felony
22 or which is a misdemeanor, an essential element of which is
23 dishonesty, or of any crime which is directly related to
24 the practice of the profession; conviction, as used in this
25 paragraph, shall include a finding or verdict of guilty, an

1 admission of guilt or a plea of nolo contendere;

2 D. Making any misrepresentation for the purpose of
3 obtaining licenses, or violating any provision of this Act
4 or the rules promulgated thereunder pertaining to
5 advertising;

6 E. A pattern of practice or other behavior which
7 demonstrates incapacity or incompetency to practice under
8 this Act;

9 F. Aiding or assisting another person in violating any
10 provision of this Act or Rules;

11 G. Failing, within 60 days, to provide information in
12 response to a written request made by the Department;

13 H. Engaging in dishonorable, unethical or
14 unprofessional conduct of a character likely to deceive,
15 defraud or harm the public. Unprofessional conduct shall
16 include any departure from or the failure to conform to the
17 minimal standards of acceptable and prevailing physical
18 therapy practice, in which proceeding actual injury to a
19 patient need not be established;

20 I. Unlawful distribution of any drug or narcotic, or
21 unlawful conversion of any drug or narcotic not belonging
22 to the person for such person's own use or benefit or for
23 other than medically accepted therapeutic purposes;

24 J. Habitual or excessive use or addiction to alcohol,
25 narcotics, stimulants, or any other chemical agent or drug
26 which results in a physical therapist's or physical

1 therapist assistant's inability to practice with
2 reasonable judgment, skill or safety;

3 K. Revocation or suspension of a license to practice
4 physical therapy as a physical therapist or physical
5 therapist assistant or the taking of other disciplinary
6 action by the proper licensing authority of another state,
7 territory or country;

8 L. Directly or indirectly giving to or receiving from
9 any person, firm, corporation, partnership, or association
10 any fee, commission, rebate or other form of compensation
11 for any professional services not actually or personally
12 rendered. Nothing contained in this paragraph prohibits
13 persons holding valid and current licenses under this Act
14 from practicing physical therapy in partnership under a
15 partnership agreement, including a limited liability
16 partnership, a limited liability company, or a corporation
17 under the Professional Service Corporation Act or from
18 pooling, sharing, dividing, or apportioning the fees and
19 monies received by them or by the partnership, company, or
20 corporation in accordance with the partnership agreement
21 or the policies of the company or professional corporation.
22 Nothing in this paragraph (L) affects any bona fide
23 independent contractor or employment arrangements among
24 health care professionals, health facilities, health care
25 providers, or other entities, except as otherwise
26 prohibited by law. Any employment arrangements may include

1 provisions for compensation, health insurance, pension, or
2 other employment benefits for the provision of services
3 within the scope of the licensee's practice under this Act.
4 Nothing in this paragraph (L) shall be construed to require
5 an employment arrangement to receive professional fees for
6 services rendered;

7 M. A finding by the Board that the licensee after
8 having his or her license placed on probationary status has
9 violated the terms of probation;

10 N. Abandonment of a patient;

11 O. Willfully failing to report an instance of suspected
12 child abuse or neglect as required by the Abused and
13 Neglected Child Reporting Act;

14 P. Willfully failing to report an instance of suspected
15 elder abuse or neglect as required by the Elder Abuse
16 Reporting Act;

17 Q. Physical illness, including but not limited to,
18 deterioration through the aging process, or loss of motor
19 skill which results in the inability to practice the
20 profession with reasonable judgement, skill or safety;

21 R. The use of any words (such as physical therapy,
22 physical therapist physiotherapy or physiotherapist),
23 abbreviations, figures or letters with the intention of
24 indicating practice as a licensed physical therapist
25 without a valid license as a physical therapist issued
26 under this Act;

1 S. The use of the term physical therapist assistant, or
2 abbreviations, figures, or letters with the intention of
3 indicating practice as a physical therapist assistant
4 without a valid license as a physical therapist assistant
5 issued under this Act;

6 T. Willfully violating or knowingly assisting in the
7 violation of any law of this State relating to the practice
8 of abortion;

9 U. Continued practice by a person knowingly having an
10 infectious, communicable or contagious disease;

11 V. Having treated ailments of human beings otherwise
12 than by the practice of physical therapy as defined in this
13 Act, or having treated ailments of human beings as a
14 licensed physical therapist independent of a documented
15 referral or a documented current and relevant diagnosis
16 from a physician, dentist, advanced practice nurse,
17 physician assistant, or podiatric physician ~~podiatrist~~, or
18 having failed to notify the physician, dentist, advanced
19 practice nurse, physician assistant, or podiatric
20 physician ~~podiatrist~~ who established a documented current
21 and relevant diagnosis that the patient is receiving
22 physical therapy pursuant to that diagnosis;

23 W. Being named as a perpetrator in an indicated report
24 by the Department of Children and Family Services pursuant
25 to the Abused and Neglected Child Reporting Act, and upon
26 proof by clear and convincing evidence that the licensee

1 has caused a child to be an abused child or neglected child
2 as defined in the Abused and Neglected Child Reporting Act;

3 X. Interpretation of referrals, performance of
4 evaluation procedures, planning or making major
5 modifications of patient programs by a physical therapist
6 assistant;

7 Y. Failure by a physical therapist assistant and
8 supervising physical therapist to maintain continued
9 contact, including periodic personal supervision and
10 instruction, to insure safety and welfare of patients;

11 Z. Violation of the Health Care Worker Self-Referral
12 Act.

13 (2) The determination by a circuit court that a licensee is
14 subject to involuntary admission or judicial admission as
15 provided in the Mental Health and Developmental Disabilities
16 Code operates as an automatic suspension. Such suspension will
17 end only upon a finding by a court that the patient is no
18 longer subject to involuntary admission or judicial admission
19 and the issuance of an order so finding and discharging the
20 patient; and upon the recommendation of the Board to the
21 Director that the licensee be allowed to resume his practice.

22 (3) The Department may refuse to issue or may suspend the
23 license of any person who fails to file a return, or to pay the
24 tax, penalty or interest shown in a filed return, or to pay any
25 final assessment of tax, penalty or interest, as required by
26 any tax Act administered by the Illinois Department of Revenue,

1 until such time as the requirements of any such tax Act are
2 satisfied.

3 (Source: P.A. 96-1482, eff. 11-29-10.)

4 Section 70. The Podiatric Medical Practice Act of 1987 is
5 amended by changing Sections 11, 20.5, and 24.2 as follows:

6 (225 ILCS 100/11) (from Ch. 111, par. 4811)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 11. Practice without a license forbidden and
9 exceptions. A. It shall be deemed prima facie evidence of the
10 practice of podiatric medicine or of holding one's self out as
11 a podiatric physician within the meaning of this Act, for any
12 person to diagnose the ailments of, or to treat in any manner
13 the human foot by medical, physical or surgical methods, or to
14 use the title "podiatric physician" or "podiatrist" ~~podiatrist~~
15 or any words or letters which indicate or tend to indicate to
16 the public that the person so treating or so holding himself or
17 herself out is a podiatric physician.

18 B. No person, except as provided in Section 3 of this Act,
19 shall provide any type of diagnostic and therapeutic medical
20 care services of the human foot unless under the supervision of
21 a licensed podiatric physician.

22 C. Persons suitably trained and qualified may render, only
23 under the direction of a podiatric physician licensed under
24 this Act, such patient tests and services as diagnostic imaging

1 procedures, laboratory studies and other appropriate patient
2 services connected with comprehensive foot care which may be
3 consistent with the diagnosis and treatment selected by the
4 podiatric physician. This Section shall apply to podiatric
5 medical care provided in all settings, including, but not
6 limited to: long term facilities, mental health facilities,
7 hospitals, medical offices and public health clinics.

8 (Source: P.A. 85-918.)

9 (225 ILCS 100/20.5)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 20.5. Delegation of authority to advanced practice
12 nurses.

13 (a) A podiatric physician ~~podiatrist~~ in active clinical
14 practice may collaborate with an advanced practice nurse in
15 accordance with the requirements of the Nurse Practice Act.
16 Collaboration shall be for the purpose of providing podiatric
17 consultation and no employment relationship shall be required.
18 A written collaborative agreement shall conform to the
19 requirements of Section 65-35 of the Nurse Practice Act. The
20 written collaborative agreement shall be for services the
21 collaborating podiatric physician ~~podiatrist~~ generally
22 provides to his or her patients in the normal course of
23 clinical podiatric practice, except as set forth in item (3) of
24 this subsection (a). A written collaborative agreement and
25 podiatric physician ~~podiatric~~ collaboration and consultation

1 shall be adequate with respect to advanced practice nurses if
2 all of the following apply:

3 (1) The agreement is written to promote the exercise of
4 professional judgment by the advanced practice nurse
5 commensurate with his or her education and experience. The
6 agreement need not describe the exact steps that an
7 advanced practice nurse must take with respect to each
8 specific condition, disease, or symptom, but must specify
9 which procedures require a podiatric physician's
10 ~~podiatrist's~~ presence as the procedures are being
11 performed.

12 (2) Practice guidelines and orders are developed and
13 approved jointly by the advanced practice nurse and
14 collaborating podiatric physician ~~podiatrist~~, as needed,
15 based on the practice of the practitioners. Such guidelines
16 and orders and the patient services provided thereunder are
17 periodically reviewed by the collaborating podiatric
18 physician ~~podiatrist~~.

19 (3) The advance practice nurse provides services that
20 the collaborating podiatric physician ~~podiatrist~~ generally
21 provides to his or her patients in the normal course of
22 clinical practice. With respect to the provision of
23 anesthesia services by a certified registered nurse
24 anesthetist, the collaborating podiatric physician
25 ~~podiatrist~~ must have training and experience in the
26 delivery of anesthesia consistent with Department rules.

1 (4) The collaborating podiatric physician ~~podiatrist~~
2 and the advanced practice nurse consult at least once a
3 month to provide collaboration and consultation.

4 (5) Methods of communication are available with the
5 collaborating podiatric physician ~~podiatrist~~ in person or
6 through telecommunications for consultation,
7 collaboration, and referral as needed to address patient
8 care needs.

9 (6) With respect to the provision of anesthesia
10 services by a certified registered nurse anesthetist, an
11 anesthesiologist, physician, or podiatric physician
12 ~~podiatrist~~ shall participate through discussion of and
13 agreement with the anesthesia plan and shall remain
14 physically present and be available on the premises during
15 the delivery of anesthesia services for diagnosis,
16 consultation, and treatment of emergency medical
17 conditions. The anesthesiologist or operating podiatric
18 physician ~~podiatrist~~ must agree with the anesthesia plan
19 prior to the delivery of services.

20 (7) The agreement contains provisions detailing notice
21 for termination or change of status involving a written
22 collaborative agreement, except when such notice is given
23 for just cause.

24 (b) The collaborating podiatric physician ~~podiatrist~~ shall
25 have access to the records of all patients attended to by an
26 advanced practice nurse.

1 (c) Nothing in this Section shall be construed to limit the
2 delegation of tasks or duties by a podiatric physician
3 ~~podiatrist~~ to a licensed practical nurse, a registered
4 professional nurse, or other appropriately trained persons.

5 (d) A podiatric physician ~~podiatrist~~ shall not be liable
6 for the acts or omissions of an advanced practice nurse solely
7 on the basis of having signed guidelines or a collaborative
8 agreement, an order, a standing order, a standing delegation
9 order, or other order or guideline authorizing an advanced
10 practice nurse to perform acts, unless the podiatric physician
11 ~~podiatrist~~ has reason to believe the advanced practice nurse
12 lacked the competency to perform the act or acts or commits
13 willful or wanton misconduct.

14 (e) A podiatric physician ~~podiatrist~~, may, but is not
15 required to delegate prescriptive authority to an advanced
16 practice nurse as part of a written collaborative agreement and
17 the delegation of prescriptive authority shall conform to the
18 requirements of Section 65-40 of the Nurse Practice Act.

19 (Source: P.A. 96-618, eff. 1-1-10; 97-358, eff. 8-12-11;
20 97-813, eff. 7-13-12.)

21 (225 ILCS 100/24.2)

22 (Section scheduled to be repealed on January 1, 2018)

23 Sec. 24.2. Prohibition against fee splitting.

24 (a) A licensee under this Act may not directly or
25 indirectly divide, share, or split any professional fee or

1 other form of compensation for professional services with
2 anyone in exchange for a referral or otherwise, other than as
3 provided in this Section 24.2.

4 (b) Nothing contained in this Section abrogates the right
5 of 2 or more licensed health care workers as defined in the
6 Health Care Worker Self-Referral Act to each receive adequate
7 compensation for concurrently rendering services to a patient
8 and to divide the fee for such service, whether or not the
9 worker is employed, provided that the patient has full
10 knowledge of the division and the division is made in
11 proportion to the actual services personally performed and
12 responsibility assumed by each licensee consistent with his or
13 her license, except as prohibited by law.

14 (c) Nothing contained in this Section prohibits a licensee
15 under this Act from practicing podiatry through or within any
16 form of legal entity authorized to conduct business in this
17 State or from pooling, sharing, dividing, or apportioning the
18 professional fees and other revenues in accordance with the
19 agreements and policies of the entity provided:

20 (1) each owner of the entity is licensed under this
21 Act; or

22 (2) the entity is organized under the Professional
23 Services Corporation Act, the Professional Association
24 Act, or the Limited Liability Company Act; or

25 (3) the entity is allowed by Illinois law to provide
26 podiatry services or employ podiatric physicians

1 ~~pediatrists~~ such as a licensed hospital or hospital
2 affiliate or licensed ambulatory surgical treatment center
3 owned in full or in part by Illinois-licensed physicians;
4 or

5 (4) the entity is a combination or joint venture of the
6 entities authorized under this subsection (c).

7 (d) Nothing contained in this Section prohibits a licensee
8 under this Act from paying a fair market value fee to any
9 person or entity whose purpose is to perform billing,
10 administrative preparation, or collection services based upon
11 a percentage of professional service fees billed or collected,
12 a flat fee, or any other arrangement that directly or
13 indirectly divides professional fees, for the administrative
14 preparation of the licensee's claims or the collection of the
15 licensee's charges for professional services, provided that:

16 (1) the licensee or the licensee's practice under
17 subsection (c) of this Section at all times controls the
18 amount of fees charged and collected; and

19 (2) all charges collected are paid directly to the
20 licensee or the licensee's practice or are deposited
21 directly into an account in the name of and under the sole
22 control of the licensee or the licensee's practice or
23 deposited into a "Trust Account" by a licensed collection
24 agency in accordance with the requirements of Section 8(c)
25 of the Illinois Collection Agency Act.

26 (e) Nothing contained in this Section prohibits the

1 granting of a security interest in the accounts receivable or
2 fees of a licensee under this Act or the licensee's practice
3 for bona fide advances made to the licensee or licensee's
4 practice provided the licensee retains control and
5 responsibility for the collection of the accounts receivable
6 and fees.

7 (f) Excluding payments that may be made to the owners of or
8 licensees in the licensee's practice under subsection (c) of
9 this Section, a licensee under this Act may not divide, share
10 or split a professional service fee with, or otherwise directly
11 or indirectly pay a percentage of the licensee's professional
12 service fees, revenues or profits to anyone for: (i) the
13 marketing or management of the licensee's practice, (ii)
14 including the licensee or the licensee's practice on any
15 preferred provider list, (iii) allowing the licensee to
16 participate in any network of health care providers, (iv)
17 negotiating fees, charges or terms of service or payment on
18 behalf of the licensee, or (v) including the licensee in a
19 program whereby patients or beneficiaries are provided an
20 incentive to use the services of the licensee.

21 (g) Nothing contained in this Section prohibits the payment
22 of rent or other remunerations paid to an individual,
23 partnership, or corporation by a licensee for the lease,
24 rental, or use of space, owned or controlled by the individual,
25 partnership, corporation, or association.

26 (h) Nothing contained in this Section prohibits the

1 payment, at no more than fair market value, to an individual,
2 partnership, or corporation by a licensee for the use of staff,
3 administrative services, franchise agreements, marketing
4 required by franchise agreements, or equipment owned or
5 controlled by the individual, partnership, or corporation, or
6 the receipt thereof by a licensee.

7 (i) Nothing in this Section affects any bona fide
8 independent contractor or employment arrangements among health
9 care professionals, health facilities, health care providers,
10 or other entities, except as otherwise prohibited by law. Any
11 employment arrangements may include provisions for
12 compensation, health insurance, pension, or other employment
13 benefits for the provision of services within the scope of the
14 licensee's practice under this Act. Nothing in this Section
15 shall be construed to require an employment arrangement to
16 receive professional fees for services rendered.

17 (Source: P.A. 96-1158, eff. 1-1-11; incorporates P.A. 96-1482,
18 eff. 11-29-11; 97-813, eff. 7-13-12.)

19 Section 75. The Registered Surgical Assistant and
20 Registered Surgical Technologist Title Protection Act is
21 amended by changing Section 10 as follows:

22 (225 ILCS 130/10)

23 (Section scheduled to be repealed on January 1, 2014)

24 Sec. 10. Definitions. As used in this Act:

1 "Department" means the Department of Professional
2 Regulation.

3 "Direct supervision" means supervision by an operating
4 physician, licensed podiatric physician ~~pediatrist~~, or
5 licensed dentist who is physically present and who personally
6 directs delegated acts and remains available to personally
7 respond to an emergency until the patient is released from the
8 operating room. A registered professional nurse may also
9 provide direct supervision within the scope of his or her
10 license. A registered surgical assistant or registered
11 surgical technologist shall perform duties as assigned.

12 "Director" means the Director of Professional Regulation.

13 "Physician" or "operating physician" means a person
14 licensed to practice medicine in all of its branches under the
15 Medical Practice Act of 1987.

16 "Registered surgical assistant" means a person who (i) is
17 not licensed to practice medicine in all of its branches, (ii)
18 is certified by the National Surgical Assistant Association on
19 the Certification of Surgical Assistants, the Liaison Council
20 on Certification for the Surgical Technologist as a certified
21 first assistant, or the American Board of Surgical Assisting,
22 (iii) performs duties under direct supervision, (iv) provides
23 services only in a licensed hospital, ambulatory treatment
24 center, or office of a physician licensed to practice medicine
25 in all its branches, and (v) is registered under this Act.

26 "Registered surgical technologist" means a person who (i)

1 is not a physician licensed to practice medicine in all of its
2 branches, (ii) is certified by the Liaison Council on
3 Certification for the Surgical Technologist, (iii) performs
4 duties under direct supervision, (iv) provides services only in
5 a licensed hospital, ambulatory treatment center, or office of
6 a physician licensed to practice medicine in all its branches,
7 and (v) is registered under this Act.

8 (Source: P.A. 93-280, eff. 7-1-04.)

9 Section 80. The Illinois Public Aid Code is amended by
10 changing Section 12-4.25 as follows:

11 (305 ILCS 5/12-4.25) (from Ch. 23, par. 12-4.25)

12 Sec. 12-4.25. Medical assistance program; vendor
13 participation.

14 (A) The Illinois Department may deny, suspend, or terminate
15 the eligibility of any person, firm, corporation, association,
16 agency, institution or other legal entity to participate as a
17 vendor of goods or services to recipients under the medical
18 assistance program under Article V, or may exclude any such
19 person or entity from participation as such a vendor, and may
20 deny, suspend, or recover payments, if after reasonable notice
21 and opportunity for a hearing the Illinois Department finds:

22 (a) Such vendor is not complying with the Department's
23 policy or rules and regulations, or with the terms and
24 conditions prescribed by the Illinois Department in its

1 vendor agreement, which document shall be developed by the
2 Department as a result of negotiations with each vendor
3 category, including physicians, hospitals, long term care
4 facilities, pharmacists, optometrists, podiatric
5 physicians ~~pediatrists~~ and dentists setting forth the
6 terms and conditions applicable to the participation of
7 each vendor group in the program; or

8 (b) Such vendor has failed to keep or make available
9 for inspection, audit or copying, after receiving a written
10 request from the Illinois Department, such records
11 regarding payments claimed for providing services. This
12 section does not require vendors to make available patient
13 records of patients for whom services are not reimbursed
14 under this Code; or

15 (c) Such vendor has failed to furnish any information
16 requested by the Department regarding payments for
17 providing goods or services; or

18 (d) Such vendor has knowingly made, or caused to be
19 made, any false statement or representation of a material
20 fact in connection with the administration of the medical
21 assistance program; or

22 (e) Such vendor has furnished goods or services to a
23 recipient which are (1) in excess of need, (2) harmful, or
24 (3) of grossly inferior quality, all of such determinations
25 to be based upon competent medical judgment and
26 evaluations; or

1 (f) The vendor; a person with management
2 responsibility for a vendor; an officer or person owning,
3 either directly or indirectly, 5% or more of the shares of
4 stock or other evidences of ownership in a corporate
5 vendor; an owner of a sole proprietorship which is a
6 vendor; or a partner in a partnership which is a vendor,
7 either:

8 (1) was previously terminated, suspended, or
9 excluded from participation in the Illinois medical
10 assistance program, or was terminated, suspended, or
11 excluded from participation in another state or
12 federal medical assistance or health care program; or

13 (2) was a person with management responsibility
14 for a vendor previously terminated, suspended, or
15 excluded from participation in the Illinois medical
16 assistance program, or terminated, suspended, or
17 excluded from participation in another state or
18 federal medical assistance or health care program
19 during the time of conduct which was the basis for that
20 vendor's termination, suspension, or exclusion; or

21 (3) was an officer, or person owning, either
22 directly or indirectly, 5% or more of the shares of
23 stock or other evidences of ownership in a corporate or
24 limited liability company vendor previously
25 terminated, suspended, or excluded from participation
26 in the Illinois medical assistance program, or

1 terminated, suspended, or excluded from participation
2 in a state or federal medical assistance or health care
3 program during the time of conduct which was the basis
4 for that vendor's termination, suspension, or
5 exclusion; or

6 (4) was an owner of a sole proprietorship or
7 partner of a partnership previously terminated,
8 suspended, or excluded from participation in the
9 Illinois medical assistance program, or terminated,
10 suspended, or excluded from participation in a state or
11 federal medical assistance or health care program
12 during the time of conduct which was the basis for that
13 vendor's termination, suspension, or exclusion; or

14 (f-1) Such vendor has a delinquent debt owed to the
15 Illinois Department; or

16 (g) The vendor; a person with management
17 responsibility for a vendor; an officer or person owning,
18 either directly or indirectly, 5% or more of the shares of
19 stock or other evidences of ownership in a corporate or
20 limited liability company vendor; an owner of a sole
21 proprietorship which is a vendor; or a partner in a
22 partnership which is a vendor, either:

23 (1) has engaged in practices prohibited by
24 applicable federal or State law or regulation; or

25 (2) was a person with management responsibility
26 for a vendor at the time that such vendor engaged in

1 practices prohibited by applicable federal or State
2 law or regulation; or

3 (3) was an officer, or person owning, either
4 directly or indirectly, 5% or more of the shares of
5 stock or other evidences of ownership in a vendor at
6 the time such vendor engaged in practices prohibited by
7 applicable federal or State law or regulation; or

8 (4) was an owner of a sole proprietorship or
9 partner of a partnership which was a vendor at the time
10 such vendor engaged in practices prohibited by
11 applicable federal or State law or regulation; or

12 (h) The direct or indirect ownership of the vendor
13 (including the ownership of a vendor that is a sole
14 proprietorship, a partner's interest in a vendor that is a
15 partnership, or ownership of 5% or more of the shares of
16 stock or other evidences of ownership in a corporate
17 vendor) has been transferred by an individual who is
18 terminated, suspended, or excluded or barred from
19 participating as a vendor to the individual's spouse,
20 child, brother, sister, parent, grandparent, grandchild,
21 uncle, aunt, niece, nephew, cousin, or relative by
22 marriage.

23 (A-5) The Illinois Department may deny, suspend, or
24 terminate the eligibility of any person, firm, corporation,
25 association, agency, institution, or other legal entity to
26 participate as a vendor of goods or services to recipients

1 under the medical assistance program under Article V, or may
2 exclude any such person or entity from participation as such a
3 vendor, if, after reasonable notice and opportunity for a
4 hearing, the Illinois Department finds that the vendor; a
5 person with management responsibility for a vendor; an officer
6 or person owning, either directly or indirectly, 5% or more of
7 the shares of stock or other evidences of ownership in a
8 corporate vendor; an owner of a sole proprietorship that is a
9 vendor; or a partner in a partnership that is a vendor has been
10 convicted of an offense based on fraud or willful
11 misrepresentation related to any of the following:

12 (1) The medical assistance program under Article V of
13 this Code.

14 (2) A medical assistance or health care program in
15 another state.

16 (3) The Medicare program under Title XVIII of the
17 Social Security Act.

18 (4) The provision of health care services.

19 (5) A violation of this Code, as provided in Article
20 VIIIA, or another state or federal medical assistance
21 program or health care program.

22 (A-10) The Illinois Department may deny, suspend, or
23 terminate the eligibility of any person, firm, corporation,
24 association, agency, institution, or other legal entity to
25 participate as a vendor of goods or services to recipients
26 under the medical assistance program under Article V, or may

1 exclude any such person or entity from participation as such a
2 vendor, if, after reasonable notice and opportunity for a
3 hearing, the Illinois Department finds that (i) the vendor,
4 (ii) a person with management responsibility for a vendor,
5 (iii) an officer or person owning, either directly or
6 indirectly, 5% or more of the shares of stock or other
7 evidences of ownership in a corporate vendor, (iv) an owner of
8 a sole proprietorship that is a vendor, or (v) a partner in a
9 partnership that is a vendor has been convicted of an offense
10 related to any of the following:

11 (1) Murder.

12 (2) A Class X felony under the Criminal Code of 1961.

13 (3) Sexual misconduct that may subject recipients to an
14 undue risk of harm.

15 (4) A criminal offense that may subject recipients to
16 an undue risk of harm.

17 (5) A crime of fraud or dishonesty.

18 (6) A crime involving a controlled substance.

19 (7) A misdemeanor relating to fraud, theft,
20 embezzlement, breach of fiduciary responsibility, or other
21 financial misconduct related to a health care program.

22 (A-15) The Illinois Department may deny the eligibility of
23 any person, firm, corporation, association, agency,
24 institution, or other legal entity to participate as a vendor
25 of goods or services to recipients under the medical assistance
26 program under Article V if, after reasonable notice and

1 opportunity for a hearing, the Illinois Department finds:

2 (1) The applicant or any person with management
3 responsibility for the applicant; an officer or member of
4 the board of directors of an applicant; an entity owning
5 (directly or indirectly) 5% or more of the shares of stock
6 or other evidences of ownership in a corporate vendor
7 applicant; an owner of a sole proprietorship applicant; a
8 partner in a partnership applicant; or a technical or other
9 advisor to an applicant has a debt owed to the Illinois
10 Department, and no payment arrangements acceptable to the
11 Illinois Department have been made by the applicant.

12 (2) The applicant or any person with management
13 responsibility for the applicant; an officer or member of
14 the board of directors of an applicant; an entity owning
15 (directly or indirectly) 5% or more of the shares of stock
16 or other evidences of ownership in a corporate vendor
17 applicant; an owner of a sole proprietorship applicant; a
18 partner in a partnership vendor applicant; or a technical
19 or other advisor to an applicant was (i) a person with
20 management responsibility, (ii) an officer or member of the
21 board of directors of an applicant, (iii) an entity owning
22 (directly or indirectly) 5% or more of the shares of stock
23 or other evidences of ownership in a corporate vendor, (iv)
24 an owner of a sole proprietorship, (v) a partner in a
25 partnership vendor, (vi) a technical or other advisor to a
26 vendor, during a period of time where the conduct of that

1 vendor resulted in a debt owed to the Illinois Department,
2 and no payment arrangements acceptable to the Illinois
3 Department have been made by that vendor.

4 (3) There is a credible allegation of the use,
5 transfer, or lease of assets of any kind to an applicant
6 from a current or prior vendor who has a debt owed to the
7 Illinois Department, no payment arrangements acceptable to
8 the Illinois Department have been made by that vendor or
9 the vendor's alternate payee, and the applicant knows or
10 should have known of such debt.

11 (4) There is a credible allegation of a transfer of
12 management responsibilities, or direct or indirect
13 ownership, to an applicant from a current or prior vendor
14 who has a debt owed to the Illinois Department, and no
15 payment arrangements acceptable to the Illinois Department
16 have been made by that vendor or the vendor's alternate
17 payee, and the applicant knows or should have known of such
18 debt.

19 (5) There is a credible allegation of the use,
20 transfer, or lease of assets of any kind to an applicant
21 who is a spouse, child, brother, sister, parent,
22 grandparent, grandchild, uncle, aunt, niece, relative by
23 marriage, nephew, cousin, or relative of a current or prior
24 vendor who has a debt owed to the Illinois Department and
25 no payment arrangements acceptable to the Illinois
26 Department have been made.

1 (6) There is a credible allegation that the applicant's
2 previous affiliations with a provider of medical services
3 that has an uncollected debt, a provider that has been or
4 is subject to a payment suspension under a federal health
5 care program, or a provider that has been previously
6 excluded from participation in the medical assistance
7 program, poses a risk of fraud, waste, or abuse to the
8 Illinois Department.

9 As used in this subsection, "credible allegation" is
10 defined to include an allegation from any source, including,
11 but not limited to, fraud hotline complaints, claims data
12 mining, patterns identified through provider audits, civil
13 actions filed under the Illinois False Claims Act, and law
14 enforcement investigations. An allegation is considered to be
15 credible when it has indicia of reliability.

16 (B) The Illinois Department shall deny, suspend or
17 terminate the eligibility of any person, firm, corporation,
18 association, agency, institution or other legal entity to
19 participate as a vendor of goods or services to recipients
20 under the medical assistance program under Article V, or may
21 exclude any such person or entity from participation as such a
22 vendor:

23 (1) immediately, if such vendor is not properly
24 licensed, certified, or authorized;

25 (2) within 30 days of the date when such vendor's
26 professional license, certification or other authorization

1 has been refused renewal, restricted, revoked, suspended,
2 or otherwise terminated; or

3 (3) if such vendor has been convicted of a violation of
4 this Code, as provided in Article VIIIA.

5 (C) Upon termination, suspension, or exclusion of a vendor
6 of goods or services from participation in the medical
7 assistance program authorized by this Article, a person with
8 management responsibility for such vendor during the time of
9 any conduct which served as the basis for that vendor's
10 termination, suspension, or exclusion is barred from
11 participation in the medical assistance program.

12 Upon termination, suspension, or exclusion of a corporate
13 vendor, the officers and persons owning, directly or
14 indirectly, 5% or more of the shares of stock or other
15 evidences of ownership in the vendor during the time of any
16 conduct which served as the basis for that vendor's
17 termination, suspension, or exclusion are barred from
18 participation in the medical assistance program. A person who
19 owns, directly or indirectly, 5% or more of the shares of stock
20 or other evidences of ownership in a terminated, suspended, or
21 excluded vendor may not transfer his or her ownership interest
22 in that vendor to his or her spouse, child, brother, sister,
23 parent, grandparent, grandchild, uncle, aunt, niece, nephew,
24 cousin, or relative by marriage.

25 Upon termination, suspension, or exclusion of a sole
26 proprietorship or partnership, the owner or partners during the

1 time of any conduct which served as the basis for that vendor's
2 termination, suspension, or exclusion are barred from
3 participation in the medical assistance program. The owner of a
4 terminated, suspended, or excluded vendor that is a sole
5 proprietorship, and a partner in a terminated, suspended, or
6 excluded vendor that is a partnership, may not transfer his or
7 her ownership or partnership interest in that vendor to his or
8 her spouse, child, brother, sister, parent, grandparent,
9 grandchild, uncle, aunt, niece, nephew, cousin, or relative by
10 marriage.

11 A person who owns, directly or indirectly, 5% or more of
12 the shares of stock or other evidences of ownership in a
13 corporate or limited liability company vendor who owes a debt
14 to the Department, if that vendor has not made payment
15 arrangements acceptable to the Department, shall not transfer
16 his or her ownership interest in that vendor, or vendor assets
17 of any kind, to his or her spouse, child, brother, sister,
18 parent, grandparent, grandchild, uncle, aunt, niece, nephew,
19 cousin, or relative by marriage.

20 Rules adopted by the Illinois Department to implement these
21 provisions shall specifically include a definition of the term
22 "management responsibility" as used in this Section. Such
23 definition shall include, but not be limited to, typical job
24 titles, and duties and descriptions which will be considered as
25 within the definition of individuals with management
26 responsibility for a provider.

1 A vendor or a prior vendor who has been terminated,
2 excluded, or suspended from the medical assistance program, or
3 from another state or federal medical assistance or health care
4 program, and any individual currently or previously barred from
5 the medical assistance program, or from another state or
6 federal medical assistance or health care program, as a result
7 of being an officer or a person owning, directly or indirectly,
8 5% or more of the shares of stock or other evidences of
9 ownership in a corporate or limited liability company vendor
10 during the time of any conduct which served as the basis for
11 that vendor's termination, suspension, or exclusion, may be
12 required to post a surety bond as part of a condition of
13 enrollment or participation in the medical assistance program.
14 The Illinois Department shall establish, by rule, the criteria
15 and requirements for determining when a surety bond must be
16 posted and the value of the bond.

17 A vendor or a prior vendor who has a debt owed to the
18 Illinois Department and any individual currently or previously
19 barred from the medical assistance program, or from another
20 state or federal medical assistance or health care program, as
21 a result of being an officer or a person owning, directly or
22 indirectly, 5% or more of the shares of stock or other
23 evidences of ownership in that corporate or limited liability
24 company vendor during the time of any conduct which served as
25 the basis for the debt, may be required to post a surety bond
26 as part of a condition of enrollment or participation in the

1 medical assistance program. The Illinois Department shall
2 establish, by rule, the criteria and requirements for
3 determining when a surety bond must be posted and the value of
4 the bond.

5 (D) If a vendor has been suspended from the medical
6 assistance program under Article V of the Code, the Director
7 may require that such vendor correct any deficiencies which
8 served as the basis for the suspension. The Director shall
9 specify in the suspension order a specific period of time,
10 which shall not exceed one year from the date of the order,
11 during which a suspended vendor shall not be eligible to
12 participate. At the conclusion of the period of suspension the
13 Director shall reinstate such vendor, unless he finds that such
14 vendor has not corrected deficiencies upon which the suspension
15 was based.

16 If a vendor has been terminated, suspended, or excluded
17 from the medical assistance program under Article V, such
18 vendor shall be barred from participation for at least one
19 year, except that if a vendor has been terminated, suspended,
20 or excluded based on a conviction of a violation of Article
21 VIII A or a conviction of a felony based on fraud or a willful
22 misrepresentation related to (i) the medical assistance
23 program under Article V, (ii) a federal or another state's
24 medical assistance or health care program, or (iii) the
25 provision of health care services, then the vendor shall be
26 barred from participation for 5 years or for the length of the

1 vendor's sentence for that conviction, whichever is longer. At
2 the end of one year a vendor who has been terminated,
3 suspended, or excluded may apply for reinstatement to the
4 program. Upon proper application to be reinstated such vendor
5 may be deemed eligible by the Director providing that such
6 vendor meets the requirements for eligibility under this Code.
7 If such vendor is deemed not eligible for reinstatement, he
8 shall be barred from again applying for reinstatement for one
9 year from the date his application for reinstatement is denied.

10 A vendor whose termination, suspension, or exclusion from
11 participation in the Illinois medical assistance program under
12 Article V was based solely on an action by a governmental
13 entity other than the Illinois Department may, upon
14 reinstatement by that governmental entity or upon reversal of
15 the termination, suspension, or exclusion, apply for
16 rescission of the termination, suspension, or exclusion from
17 participation in the Illinois medical assistance program. Upon
18 proper application for rescission, the vendor may be deemed
19 eligible by the Director if the vendor meets the requirements
20 for eligibility under this Code.

21 If a vendor has been terminated, suspended, or excluded and
22 reinstated to the medical assistance program under Article V
23 and the vendor is terminated, suspended, or excluded a second
24 or subsequent time from the medical assistance program, the
25 vendor shall be barred from participation for at least 2 years,
26 except that if a vendor has been terminated, suspended, or

1 excluded a second time based on a conviction of a violation of
2 Article VIII A or a conviction of a felony based on fraud or a
3 willful misrepresentation related to (i) the medical
4 assistance program under Article V, (ii) a federal or another
5 state's medical assistance or health care program, or (iii) the
6 provision of health care services, then the vendor shall be
7 barred from participation for life. At the end of 2 years, a
8 vendor who has been terminated, suspended, or excluded may
9 apply for reinstatement to the program. Upon application to be
10 reinstated, the vendor may be deemed eligible if the vendor
11 meets the requirements for eligibility under this Code. If the
12 vendor is deemed not eligible for reinstatement, the vendor
13 shall be barred from again applying for reinstatement for 2
14 years from the date the vendor's application for reinstatement
15 is denied.

16 (E) The Illinois Department may recover money improperly or
17 erroneously paid, or overpayments, either by setoff, crediting
18 against future billings or by requiring direct repayment to the
19 Illinois Department. The Illinois Department may suspend or
20 deny payment, in whole or in part, if such payment would be
21 improper or erroneous or would otherwise result in overpayment.

22 (1) Payments may be suspended, denied, or recovered
23 from a vendor or alternate payee: (i) for services rendered
24 in violation of the Illinois Department's provider
25 notices, statutes, rules, and regulations; (ii) for
26 services rendered in violation of the terms and conditions

1 prescribed by the Illinois Department in its vendor
2 agreement; (iii) for any vendor who fails to grant the
3 Office of Inspector General timely access to full and
4 complete records, including, but not limited to, records
5 relating to recipients under the medical assistance
6 program for the most recent 6 years, in accordance with
7 Section 140.28 of Title 89 of the Illinois Administrative
8 Code, and other information for the purpose of audits,
9 investigations, or other program integrity functions,
10 after reasonable written request by the Inspector General;
11 this subsection (E) does not require vendors to make
12 available the medical records of patients for whom services
13 are not reimbursed under this Code or to provide access to
14 medical records more than 6 years old; (iv) when the vendor
15 has knowingly made, or caused to be made, any false
16 statement or representation of a material fact in
17 connection with the administration of the medical
18 assistance program; or (v) when the vendor previously
19 rendered services while terminated, suspended, or excluded
20 from participation in the medical assistance program or
21 while terminated or excluded from participation in another
22 state or federal medical assistance or health care program.

23 (2) Notwithstanding any other provision of law, if a
24 vendor has the same taxpayer identification number
25 (assigned under Section 6109 of the Internal Revenue Code
26 of 1986) as is assigned to a vendor with past-due financial

1 obligations to the Illinois Department, the Illinois
2 Department may make any necessary adjustments to payments
3 to that vendor in order to satisfy any past-due
4 obligations, regardless of whether the vendor is assigned a
5 different billing number under the medical assistance
6 program.

7 If the Illinois Department establishes through an
8 administrative hearing that the overpayments resulted from the
9 vendor or alternate payee knowingly making, using, or causing
10 to be made or used, a false record or statement to obtain
11 payment or other benefit from the medical assistance program
12 under Article V, the Department may recover interest on the
13 amount of the payment or other benefit at the rate of 5% per
14 annum. In addition to any other penalties that may be
15 prescribed by law, such a vendor or alternate payee shall be
16 subject to civil penalties consisting of an amount not to
17 exceed 3 times the amount of payment or other benefit resulting
18 from each such false record or statement, and the sum of \$2,000
19 for each such false record or statement for payment or other
20 benefit. For purposes of this paragraph, "knowingly" means that
21 a vendor or alternate payee with respect to information: (i)
22 has actual knowledge of the information, (ii) acts in
23 deliberate ignorance of the truth or falsity of the
24 information, or (iii) acts in reckless disregard of the truth
25 or falsity of the information. No proof of specific intent to
26 defraud is required.

1 (F) The Illinois Department may withhold payments to any
2 vendor or alternate payee prior to or during the pendency of
3 any audit or proceeding under this Section, and through the
4 pendency of any administrative appeal or administrative review
5 by any court proceeding. The Illinois Department shall state by
6 rule with as much specificity as practicable the conditions
7 under which payments will not be withheld under this Section.
8 Payments may be denied for bills submitted with service dates
9 occurring during the pendency of a proceeding, after a final
10 decision has been rendered, or after the conclusion of any
11 administrative appeal, where the final administrative decision
12 is to terminate, exclude, or suspend eligibility to participate
13 in the medical assistance program. The Illinois Department
14 shall state by rule with as much specificity as practicable the
15 conditions under which payments will not be denied for such
16 bills. The Illinois Department shall state by rule a process
17 and criteria by which a vendor or alternate payee may request
18 full or partial release of payments withheld under this
19 subsection. The Department must complete a proceeding under
20 this Section in a timely manner.

21 Notwithstanding recovery allowed under subsection (E) or
22 this subsection (F), the Illinois Department may withhold
23 payments to any vendor or alternate payee who is not properly
24 licensed, certified, or in compliance with State or federal
25 agency regulations. Payments may be denied for bills submitted
26 with service dates occurring during the period of time that a

1 vendor is not properly licensed, certified, or in compliance
2 with State or federal regulations. Facilities licensed under
3 the Nursing Home Care Act shall have payments denied or
4 withheld pursuant to subsection (I) of this Section.

5 (F-5) The Illinois Department may temporarily withhold
6 payments to a vendor or alternate payee if any of the following
7 individuals have been indicted or otherwise charged under a law
8 of the United States or this or any other state with an offense
9 that is based on alleged fraud or willful misrepresentation on
10 the part of the individual related to (i) the medical
11 assistance program under Article V of this Code, (ii) a federal
12 or another state's medical assistance or health care program,
13 or (iii) the provision of health care services:

14 (1) If the vendor or alternate payee is a corporation:
15 an officer of the corporation or an individual who owns,
16 either directly or indirectly, 5% or more of the shares of
17 stock or other evidence of ownership of the corporation.

18 (2) If the vendor is a sole proprietorship: the owner
19 of the sole proprietorship.

20 (3) If the vendor or alternate payee is a partnership:
21 a partner in the partnership.

22 (4) If the vendor or alternate payee is any other
23 business entity authorized by law to transact business in
24 this State: an officer of the entity or an individual who
25 owns, either directly or indirectly, 5% or more of the
26 evidences of ownership of the entity.

1 If the Illinois Department withholds payments to a vendor
2 or alternate payee under this subsection, the Department shall
3 not release those payments to the vendor or alternate payee
4 while any criminal proceeding related to the indictment or
5 charge is pending unless the Department determines that there
6 is good cause to release the payments before completion of the
7 proceeding. If the indictment or charge results in the
8 individual's conviction, the Illinois Department shall retain
9 all withheld payments, which shall be considered forfeited to
10 the Department. If the indictment or charge does not result in
11 the individual's conviction, the Illinois Department shall
12 release to the vendor or alternate payee all withheld payments.

13 (F-10) If the Illinois Department establishes that the
14 vendor or alternate payee owes a debt to the Illinois
15 Department, and the vendor or alternate payee subsequently
16 fails to pay or make satisfactory payment arrangements with the
17 Illinois Department for the debt owed, the Illinois Department
18 may seek all remedies available under the law of this State to
19 recover the debt, including, but not limited to, wage
20 garnishment or the filing of claims or liens against the vendor
21 or alternate payee.

22 (F-15) Enforcement of judgment.

23 (1) Any fine, recovery amount, other sanction, or costs
24 imposed, or part of any fine, recovery amount, other
25 sanction, or cost imposed, remaining unpaid after the
26 exhaustion of or the failure to exhaust judicial review

1 procedures under the Illinois Administrative Review Law is
2 a debt due and owing the State and may be collected using
3 all remedies available under the law.

4 (2) After expiration of the period in which judicial
5 review under the Illinois Administrative Review Law may be
6 sought for a final administrative decision, unless stayed
7 by a court of competent jurisdiction, the findings,
8 decision, and order of the Director may be enforced in the
9 same manner as a judgment entered by a court of competent
10 jurisdiction.

11 (3) In any case in which any person or entity has
12 failed to comply with a judgment ordering or imposing any
13 fine or other sanction, any expenses incurred by the
14 Illinois Department to enforce the judgment, including,
15 but not limited to, attorney's fees, court costs, and costs
16 related to property demolition or foreclosure, after they
17 are fixed by a court of competent jurisdiction or the
18 Director, shall be a debt due and owing the State and may
19 be collected in accordance with applicable law. Prior to
20 any expenses being fixed by a final administrative decision
21 pursuant to this subsection (F-15), the Illinois
22 Department shall provide notice to the individual or entity
23 that states that the individual or entity shall appear at a
24 hearing before the administrative hearing officer to
25 determine whether the individual or entity has failed to
26 comply with the judgment. The notice shall set the date for

1 such a hearing, which shall not be less than 7 days from
2 the date that notice is served. If notice is served by
3 mail, the 7-day period shall begin to run on the date that
4 the notice was deposited in the mail.

5 (4) Upon being recorded in the manner required by
6 Article XII of the Code of Civil Procedure or by the
7 Uniform Commercial Code, a lien shall be imposed on the
8 real estate or personal estate, or both, of the individual
9 or entity in the amount of any debt due and owing the State
10 under this Section. The lien may be enforced in the same
11 manner as a judgment of a court of competent jurisdiction.
12 A lien shall attach to all property and assets of such
13 person, firm, corporation, association, agency,
14 institution, or other legal entity until the judgment is
15 satisfied.

16 (5) The Director may set aside any judgment entered by
17 default and set a new hearing date upon a petition filed at
18 any time (i) if the petitioner's failure to appear at the
19 hearing was for good cause, or (ii) if the petitioner
20 established that the Department did not provide proper
21 service of process. If any judgment is set aside pursuant
22 to this paragraph (5), the hearing officer shall have
23 authority to enter an order extinguishing any lien which
24 has been recorded for any debt due and owing the Illinois
25 Department as a result of the vacated default judgment.

26 (G) The provisions of the Administrative Review Law, as now

1 or hereafter amended, and the rules adopted pursuant thereto,
2 shall apply to and govern all proceedings for the judicial
3 review of final administrative decisions of the Illinois
4 Department under this Section. The term "administrative
5 decision" is defined as in Section 3-101 of the Code of Civil
6 Procedure.

7 (G-5) Vendors who pose a risk of fraud, waste, abuse, or
8 harm.

9 (1) Notwithstanding any other provision in this
10 Section, the Department may terminate, suspend, or exclude
11 vendors who pose a risk of fraud, waste, abuse, or harm
12 from participation in the medical assistance program prior
13 to an evidentiary hearing but after reasonable notice and
14 opportunity to respond as established by the Department by
15 rule.

16 (2) Vendors who pose a risk of fraud, waste, abuse, or
17 harm shall submit to a fingerprint-based criminal
18 background check on current and future information
19 available in the State system and current information
20 available through the Federal Bureau of Investigation's
21 system by submitting all necessary fees and information in
22 the form and manner prescribed by the Department of State
23 Police. The following individuals shall be subject to the
24 check:

25 (A) In the case of a vendor that is a corporation,
26 every shareholder who owns, directly or indirectly, 5%

1 or more of the outstanding shares of the corporation.

2 (B) In the case of a vendor that is a partnership,
3 every partner.

4 (C) In the case of a vendor that is a sole
5 proprietorship, the sole proprietor.

6 (D) Each officer or manager of the vendor.

7 Each such vendor shall be responsible for payment of
8 the cost of the criminal background check.

9 (3) Vendors who pose a risk of fraud, waste, abuse, or
10 harm may be required to post a surety bond. The Department
11 shall establish, by rule, the criteria and requirements for
12 determining when a surety bond must be posted and the value
13 of the bond.

14 (4) The Department, or its agents, may refuse to accept
15 requests for authorization from specific vendors who pose a
16 risk of fraud, waste, abuse, or harm, including
17 prior-approval and post-approval requests, if:

18 (A) the Department has initiated a notice of
19 termination, suspension, or exclusion of the vendor
20 from participation in the medical assistance program;
21 or

22 (B) the Department has issued notification of its
23 withholding of payments pursuant to subsection (F-5)
24 of this Section; or

25 (C) the Department has issued a notification of its
26 withholding of payments due to reliable evidence of

1 fraud or willful misrepresentation pending
2 investigation.

3 (5) As used in this subsection, the following terms are
4 defined as follows:

5 (A) "Fraud" means an intentional deception or
6 misrepresentation made by a person with the knowledge
7 that the deception could result in some unauthorized
8 benefit to himself or herself or some other person. It
9 includes any act that constitutes fraud under
10 applicable federal or State law.

11 (B) "Abuse" means provider practices that are
12 inconsistent with sound fiscal, business, or medical
13 practices and that result in an unnecessary cost to the
14 medical assistance program or in reimbursement for
15 services that are not medically necessary or that fail
16 to meet professionally recognized standards for health
17 care. It also includes recipient practices that result
18 in unnecessary cost to the medical assistance program.
19 Abuse does not include diagnostic or therapeutic
20 measures conducted primarily as a safeguard against
21 possible vendor liability.

22 (C) "Waste" means the unintentional misuse of
23 medical assistance resources, resulting in unnecessary
24 cost to the medical assistance program. Waste does not
25 include diagnostic or therapeutic measures conducted
26 primarily as a safeguard against possible vendor

1 liability.

2 (D) "Harm" means physical, mental, or monetary
3 damage to recipients or to the medical assistance
4 program.

5 (G-6) The Illinois Department, upon making a determination
6 based upon information in the possession of the Illinois
7 Department that continuation of participation in the medical
8 assistance program by a vendor would constitute an immediate
9 danger to the public, may immediately suspend such vendor's
10 participation in the medical assistance program without a
11 hearing. In instances in which the Illinois Department
12 immediately suspends the medical assistance program
13 participation of a vendor under this Section, a hearing upon
14 the vendor's participation must be convened by the Illinois
15 Department within 15 days after such suspension and completed
16 without appreciable delay. Such hearing shall be held to
17 determine whether to recommend to the Director that the
18 vendor's medical assistance program participation be denied,
19 terminated, suspended, placed on provisional status, or
20 reinstated. In the hearing, any evidence relevant to the vendor
21 constituting an immediate danger to the public may be
22 introduced against such vendor; provided, however, that the
23 vendor, or his or her counsel, shall have the opportunity to
24 discredit, impeach, and submit evidence rebutting such
25 evidence.

26 (H) Nothing contained in this Code shall in any way limit

1 or otherwise impair the authority or power of any State agency
2 responsible for licensing of vendors.

3 (I) Based on a finding of noncompliance on the part of a
4 nursing home with any requirement for certification under Title
5 XVIII or XIX of the Social Security Act (42 U.S.C. Sec. 1395 et
6 seq. or 42 U.S.C. Sec. 1396 et seq.), the Illinois Department
7 may impose one or more of the following remedies after notice
8 to the facility:

9 (1) Termination of the provider agreement.

10 (2) Temporary management.

11 (3) Denial of payment for new admissions.

12 (4) Civil money penalties.

13 (5) Closure of the facility in emergency situations or
14 transfer of residents, or both.

15 (6) State monitoring.

16 (7) Denial of all payments when the U.S. Department of
17 Health and Human Services has imposed this sanction.

18 The Illinois Department shall by rule establish criteria
19 governing continued payments to a nursing facility subsequent
20 to termination of the facility's provider agreement if, in the
21 sole discretion of the Illinois Department, circumstances
22 affecting the health, safety, and welfare of the facility's
23 residents require those continued payments. The Illinois
24 Department may condition those continued payments on the
25 appointment of temporary management, sale of the facility to
26 new owners or operators, or other arrangements that the

1 Illinois Department determines best serve the needs of the
2 facility's residents.

3 Except in the case of a facility that has a right to a
4 hearing on the finding of noncompliance before an agency of the
5 federal government, a facility may request a hearing before a
6 State agency on any finding of noncompliance within 60 days
7 after the notice of the intent to impose a remedy. Except in
8 the case of civil money penalties, a request for a hearing
9 shall not delay imposition of the penalty. The choice of
10 remedies is not appealable at a hearing. The level of
11 noncompliance may be challenged only in the case of a civil
12 money penalty. The Illinois Department shall provide by rule
13 for the State agency that will conduct the evidentiary
14 hearings.

15 The Illinois Department may collect interest on unpaid
16 civil money penalties.

17 The Illinois Department may adopt all rules necessary to
18 implement this subsection (I).

19 (J) The Illinois Department, by rule, may permit individual
20 practitioners to designate that Department payments that may be
21 due the practitioner be made to an alternate payee or alternate
22 payees.

23 (a) Such alternate payee or alternate payees shall be
24 required to register as an alternate payee in the Medical
25 Assistance Program with the Illinois Department.

26 (b) If a practitioner designates an alternate payee,

1 the alternate payee and practitioner shall be jointly and
2 severally liable to the Department for payments made to the
3 alternate payee. Pursuant to subsection (E) of this
4 Section, any Department action to suspend or deny payment
5 or recover money or overpayments from an alternate payee
6 shall be subject to an administrative hearing.

7 (c) Registration as an alternate payee or alternate
8 payees in the Illinois Medical Assistance Program shall be
9 conditional. At any time, the Illinois Department may deny
10 or cancel any alternate payee's registration in the
11 Illinois Medical Assistance Program without cause. Any
12 such denial or cancellation is not subject to an
13 administrative hearing.

14 (d) The Illinois Department may seek a revocation of
15 any alternate payee, and all owners, officers, and
16 individuals with management responsibility for such
17 alternate payee shall be permanently prohibited from
18 participating as an owner, an officer, or an individual
19 with management responsibility with an alternate payee in
20 the Illinois Medical Assistance Program, if after
21 reasonable notice and opportunity for a hearing the
22 Illinois Department finds that:

23 (1) the alternate payee is not complying with the
24 Department's policy or rules and regulations, or with
25 the terms and conditions prescribed by the Illinois
26 Department in its alternate payee registration

1 agreement; or

2 (2) the alternate payee has failed to keep or make
3 available for inspection, audit, or copying, after
4 receiving a written request from the Illinois
5 Department, such records regarding payments claimed as
6 an alternate payee; or

7 (3) the alternate payee has failed to furnish any
8 information requested by the Illinois Department
9 regarding payments claimed as an alternate payee; or

10 (4) the alternate payee has knowingly made, or
11 caused to be made, any false statement or
12 representation of a material fact in connection with
13 the administration of the Illinois Medical Assistance
14 Program; or

15 (5) the alternate payee, a person with management
16 responsibility for an alternate payee, an officer or
17 person owning, either directly or indirectly, 5% or
18 more of the shares of stock or other evidences of
19 ownership in a corporate alternate payee, or a partner
20 in a partnership which is an alternate payee:

21 (a) was previously terminated, suspended, or
22 excluded from participation as a vendor in the
23 Illinois Medical Assistance Program, or was
24 previously revoked as an alternate payee in the
25 Illinois Medical Assistance Program, or was
26 terminated, suspended, or excluded from

1 participation as a vendor in a medical assistance
2 program in another state that is of the same kind
3 as the program of medical assistance provided
4 under Article V of this Code; or

5 (b) was a person with management
6 responsibility for a vendor previously terminated,
7 suspended, or excluded from participation as a
8 vendor in the Illinois Medical Assistance Program,
9 or was previously revoked as an alternate payee in
10 the Illinois Medical Assistance Program, or was
11 terminated, suspended, or excluded from
12 participation as a vendor in a medical assistance
13 program in another state that is of the same kind
14 as the program of medical assistance provided
15 under Article V of this Code, during the time of
16 conduct which was the basis for that vendor's
17 termination, suspension, or exclusion or alternate
18 payee's revocation; or

19 (c) was an officer, or person owning, either
20 directly or indirectly, 5% or more of the shares of
21 stock or other evidences of ownership in a
22 corporate vendor previously terminated, suspended,
23 or excluded from participation as a vendor in the
24 Illinois Medical Assistance Program, or was
25 previously revoked as an alternate payee in the
26 Illinois Medical Assistance Program, or was

1 terminated, suspended, or excluded from
2 participation as a vendor in a medical assistance
3 program in another state that is of the same kind
4 as the program of medical assistance provided
5 under Article V of this Code, during the time of
6 conduct which was the basis for that vendor's
7 termination, suspension, or exclusion; or

8 (d) was an owner of a sole proprietorship or
9 partner in a partnership previously terminated,
10 suspended, or excluded from participation as a
11 vendor in the Illinois Medical Assistance Program,
12 or was previously revoked as an alternate payee in
13 the Illinois Medical Assistance Program, or was
14 terminated, suspended, or excluded from
15 participation as a vendor in a medical assistance
16 program in another state that is of the same kind
17 as the program of medical assistance provided
18 under Article V of this Code, during the time of
19 conduct which was the basis for that vendor's
20 termination, suspension, or exclusion or alternate
21 payee's revocation; or

22 (6) the alternate payee, a person with management
23 responsibility for an alternate payee, an officer or
24 person owning, either directly or indirectly, 5% or
25 more of the shares of stock or other evidences of
26 ownership in a corporate alternate payee, or a partner

1 in a partnership which is an alternate payee:

2 (a) has engaged in conduct prohibited by
3 applicable federal or State law or regulation
4 relating to the Illinois Medical Assistance
5 Program; or

6 (b) was a person with management
7 responsibility for a vendor or alternate payee at
8 the time that the vendor or alternate payee engaged
9 in practices prohibited by applicable federal or
10 State law or regulation relating to the Illinois
11 Medical Assistance Program; or

12 (c) was an officer, or person owning, either
13 directly or indirectly, 5% or more of the shares of
14 stock or other evidences of ownership in a vendor
15 or alternate payee at the time such vendor or
16 alternate payee engaged in practices prohibited by
17 applicable federal or State law or regulation
18 relating to the Illinois Medical Assistance
19 Program; or

20 (d) was an owner of a sole proprietorship or
21 partner in a partnership which was a vendor or
22 alternate payee at the time such vendor or
23 alternate payee engaged in practices prohibited by
24 applicable federal or State law or regulation
25 relating to the Illinois Medical Assistance
26 Program; or

1 (7) the direct or indirect ownership of the vendor
2 or alternate payee (including the ownership of a vendor
3 or alternate payee that is a partner's interest in a
4 vendor or alternate payee, or ownership of 5% or more
5 of the shares of stock or other evidences of ownership
6 in a corporate vendor or alternate payee) has been
7 transferred by an individual who is terminated,
8 suspended, or excluded or barred from participating as
9 a vendor or is prohibited or revoked as an alternate
10 payee to the individual's spouse, child, brother,
11 sister, parent, grandparent, grandchild, uncle, aunt,
12 niece, nephew, cousin, or relative by marriage.

13 (K) The Illinois Department of Healthcare and Family
14 Services may withhold payments, in whole or in part, to a
15 provider or alternate payee where there is credible evidence,
16 received from State or federal law enforcement or federal
17 oversight agencies or from the results of a preliminary
18 Department audit, that the circumstances giving rise to the
19 need for a withholding of payments may involve fraud or willful
20 misrepresentation under the Illinois Medical Assistance
21 program. The Department shall by rule define what constitutes
22 "credible" evidence for purposes of this subsection. The
23 Department may withhold payments without first notifying the
24 provider or alternate payee of its intention to withhold such
25 payments. A provider or alternate payee may request a
26 reconsideration of payment withholding, and the Department

1 must grant such a request. The Department shall state by rule a
2 process and criteria by which a provider or alternate payee may
3 request full or partial release of payments withheld under this
4 subsection. This request may be made at any time after the
5 Department first withholds such payments.

6 (a) The Illinois Department must send notice of its
7 withholding of program payments within 5 days of taking
8 such action. The notice must set forth the general
9 allegations as to the nature of the withholding action, but
10 need not disclose any specific information concerning its
11 ongoing investigation. The notice must do all of the
12 following:

13 (1) State that payments are being withheld in
14 accordance with this subsection.

15 (2) State that the withholding is for a temporary
16 period, as stated in paragraph (b) of this subsection,
17 and cite the circumstances under which withholding
18 will be terminated.

19 (3) Specify, when appropriate, which type or types
20 of Medicaid claims withholding is effective.

21 (4) Inform the provider or alternate payee of the
22 right to submit written evidence for reconsideration
23 of the withholding by the Illinois Department.

24 (5) Inform the provider or alternate payee that a
25 written request may be made to the Illinois Department
26 for full or partial release of withheld payments and

1 that such requests may be made at any time after the
2 Department first withholds such payments.

3 (b) All withholding-of-payment actions under this
4 subsection shall be temporary and shall not continue after
5 any of the following:

6 (1) The Illinois Department or the prosecuting
7 authorities determine that there is insufficient
8 evidence of fraud or willful misrepresentation by the
9 provider or alternate payee.

10 (2) Legal proceedings related to the provider's or
11 alternate payee's alleged fraud, willful
12 misrepresentation, violations of this Act, or
13 violations of the Illinois Department's administrative
14 rules are completed.

15 (3) The withholding of payments for a period of 3
16 years.

17 (c) The Illinois Department may adopt all rules
18 necessary to implement this subsection (K).

19 (K-5) The Illinois Department may withhold payments, in
20 whole or in part, to a provider or alternate payee upon
21 initiation of an audit, quality of care review, investigation
22 when there is a credible allegation of fraud, or the provider
23 or alternate payee demonstrating a clear failure to cooperate
24 with the Illinois Department such that the circumstances give
25 rise to the need for a withholding of payments. As used in this
26 subsection, "credible allegation" is defined to include an

1 allegation from any source, including, but not limited to,
2 fraud hotline complaints, claims data mining, patterns
3 identified through provider audits, civil actions filed under
4 the Illinois False Claims Act, and law enforcement
5 investigations. An allegation is considered to be credible when
6 it has indicia of reliability. The Illinois Department may
7 withhold payments without first notifying the provider or
8 alternate payee of its intention to withhold such payments. A
9 provider or alternate payee may request a hearing or a
10 reconsideration of payment withholding, and the Illinois
11 Department must grant such a request. The Illinois Department
12 shall state by rule a process and criteria by which a provider
13 or alternate payee may request a hearing or a reconsideration
14 for the full or partial release of payments withheld under this
15 subsection. This request may be made at any time after the
16 Illinois Department first withholds such payments.

17 (a) The Illinois Department must send notice of its
18 withholding of program payments within 5 days of taking
19 such action. The notice must set forth the general
20 allegations as to the nature of the withholding action but
21 need not disclose any specific information concerning its
22 ongoing investigation. The notice must do all of the
23 following:

24 (1) State that payments are being withheld in
25 accordance with this subsection.

26 (2) State that the withholding is for a temporary

1 period, as stated in paragraph (b) of this subsection,
2 and cite the circumstances under which withholding
3 will be terminated.

4 (3) Specify, when appropriate, which type or types
5 of claims are withheld.

6 (4) Inform the provider or alternate payee of the
7 right to request a hearing or a reconsideration of the
8 withholding by the Illinois Department, including the
9 ability to submit written evidence.

10 (5) Inform the provider or alternate payee that a
11 written request may be made to the Illinois Department
12 for a hearing or a reconsideration for the full or
13 partial release of withheld payments and that such
14 requests may be made at any time after the Illinois
15 Department first withholds such payments.

16 (b) All withholding of payment actions under this
17 subsection shall be temporary and shall not continue after
18 any of the following:

19 (1) The Illinois Department determines that there
20 is insufficient evidence of fraud, or the provider or
21 alternate payee demonstrates clear cooperation with
22 the Illinois Department, as determined by the Illinois
23 Department, such that the circumstances do not give
24 rise to the need for withholding of payments; or

25 (2) The withholding of payments has lasted for a
26 period in excess of 3 years.

1 (c) The Illinois Department may adopt all rules
2 necessary to implement this subsection (K-5).

3 (L) The Illinois Department shall establish a protocol to
4 enable health care providers to disclose an actual or potential
5 violation of this Section pursuant to a self-referral
6 disclosure protocol, referred to in this subsection as "the
7 protocol". The protocol shall include direction for health care
8 providers on a specific person, official, or office to whom
9 such disclosures shall be made. The Illinois Department shall
10 post information on the protocol on the Illinois Department's
11 public website. The Illinois Department may adopt rules
12 necessary to implement this subsection (L). In addition to
13 other factors that the Illinois Department finds appropriate,
14 the Illinois Department may consider a health care provider's
15 timely use or failure to use the protocol in considering the
16 provider's failure to comply with this Code.

17 (M) Notwithstanding any other provision of this Code, the
18 Illinois Department, at its discretion, may exempt an entity
19 licensed under the Nursing Home Care Act and the ID/DD
20 Community Care Act from the provisions of subsections (A-15),
21 (B), and (C) of this Section if the licensed entity is in
22 receivership.

23 (Source: P.A. 97-689, eff. 6-14-12; revised 8-3-12.)

24 Section 85. The Abused and Neglected Child Reporting Act is
25 amended by changing Section 4 as follows:

1 (325 ILCS 5/4) (from Ch. 23, par. 2054)

2 Sec. 4. Persons required to report; privileged
3 communications; transmitting false report. Any physician,
4 resident, intern, hospital, hospital administrator and
5 personnel engaged in examination, care and treatment of
6 persons, surgeon, dentist, dentist hygienist, osteopath,
7 chiropractor, podiatric physician ~~podiatrist~~, physician
8 assistant, substance abuse treatment personnel, funeral home
9 director or employee, coroner, medical examiner, emergency
10 medical technician, acupuncturist, crisis line or hotline
11 personnel, school personnel (including administrators and both
12 certified and non-certified school employees), personnel of
13 institutions of higher education, educational advocate
14 assigned to a child pursuant to the School Code, member of a
15 school board or the Chicago Board of Education or the governing
16 body of a private school (but only to the extent required in
17 accordance with other provisions of this Section expressly
18 concerning the duty of school board members to report suspected
19 child abuse), truant officers, social worker, social services
20 administrator, domestic violence program personnel, registered
21 nurse, licensed practical nurse, genetic counselor,
22 respiratory care practitioner, advanced practice nurse, home
23 health aide, director or staff assistant of a nursery school or
24 a child day care center, recreational or athletic program or
25 facility personnel, early intervention provider as defined in

1 the Early Intervention Services System Act, law enforcement
2 officer, licensed professional counselor, licensed clinical
3 professional counselor, registered psychologist and assistants
4 working under the direct supervision of a psychologist,
5 psychiatrist, or field personnel of the Department of
6 Healthcare and Family Services, Juvenile Justice, Public
7 Health, Human Services (acting as successor to the Department
8 of Mental Health and Developmental Disabilities,
9 Rehabilitation Services, or Public Aid), Corrections, Human
10 Rights, or Children and Family Services, supervisor and
11 administrator of general assistance under the Illinois Public
12 Aid Code, probation officer, animal control officer or Illinois
13 Department of Agriculture Bureau of Animal Health and Welfare
14 field investigator, or any other foster parent, homemaker or
15 child care worker having reasonable cause to believe a child
16 known to them in their professional or official capacity may be
17 an abused child or a neglected child shall immediately report
18 or cause a report to be made to the Department.

19 Any member of the clergy having reasonable cause to believe
20 that a child known to that member of the clergy in his or her
21 professional capacity may be an abused child as defined in item
22 (c) of the definition of "abused child" in Section 3 of this
23 Act shall immediately report or cause a report to be made to
24 the Department.

25 Any physician, physician's assistant, registered nurse,
26 licensed practical nurse, medical technician, certified

1 nursing assistant, social worker, or licensed professional
2 counselor of any office, clinic, or any other physical location
3 that provides abortions, abortion referrals, or contraceptives
4 having reasonable cause to believe a child known to him or her
5 in his or her professional or official capacity may be an
6 abused child or a neglected child shall immediately report or
7 cause a report to be made to the Department.

8 If an allegation is raised to a school board member during
9 the course of an open or closed school board meeting that a
10 child who is enrolled in the school district of which he or she
11 is a board member is an abused child as defined in Section 3 of
12 this Act, the member shall direct or cause the school board to
13 direct the superintendent of the school district or other
14 equivalent school administrator to comply with the
15 requirements of this Act concerning the reporting of child
16 abuse. For purposes of this paragraph, a school board member is
17 granted the authority in his or her individual capacity to
18 direct the superintendent of the school district or other
19 equivalent school administrator to comply with the
20 requirements of this Act concerning the reporting of child
21 abuse.

22 Notwithstanding any other provision of this Act, if an
23 employee of a school district has made a report or caused a
24 report to be made to the Department under this Act involving
25 the conduct of a current or former employee of the school
26 district and a request is made by another school district for

1 the provision of information concerning the job performance or
2 qualifications of the current or former employee because he or
3 she is an applicant for employment with the requesting school
4 district, the general superintendent of the school district to
5 which the request is being made must disclose to the requesting
6 school district the fact that an employee of the school
7 district has made a report involving the conduct of the
8 applicant or caused a report to be made to the Department, as
9 required under this Act. Only the fact that an employee of the
10 school district has made a report involving the conduct of the
11 applicant or caused a report to be made to the Department may
12 be disclosed by the general superintendent of the school
13 district to which the request for information concerning the
14 applicant is made, and this fact may be disclosed only in cases
15 where the employee and the general superintendent have not been
16 informed by the Department that the allegations were unfounded.
17 An employee of a school district who is or has been the subject
18 of a report made pursuant to this Act during his or her
19 employment with the school district must be informed by that
20 school district that if he or she applies for employment with
21 another school district, the general superintendent of the
22 former school district, upon the request of the school district
23 to which the employee applies, shall notify that requesting
24 school district that the employee is or was the subject of such
25 a report.

26 Whenever such person is required to report under this Act

1 in his capacity as a member of the staff of a medical or other
2 public or private institution, school, facility or agency, or
3 as a member of the clergy, he shall make report immediately to
4 the Department in accordance with the provisions of this Act
5 and may also notify the person in charge of such institution,
6 school, facility or agency, or church, synagogue, temple,
7 mosque, or other religious institution, or his designated agent
8 that such report has been made. Under no circumstances shall
9 any person in charge of such institution, school, facility or
10 agency, or church, synagogue, temple, mosque, or other
11 religious institution, or his designated agent to whom such
12 notification has been made, exercise any control, restraint,
13 modification or other change in the report or the forwarding of
14 such report to the Department.

15 The privileged quality of communication between any
16 professional person required to report and his patient or
17 client shall not apply to situations involving abused or
18 neglected children and shall not constitute grounds for failure
19 to report as required by this Act or constitute grounds for
20 failure to share information or documents with the Department
21 during the course of a child abuse or neglect investigation. If
22 requested by the professional, the Department shall confirm in
23 writing that the information or documents disclosed by the
24 professional were gathered in the course of a child abuse or
25 neglect investigation.

26 A member of the clergy may claim the privilege under

1 Section 8-803 of the Code of Civil Procedure.

2 Any office, clinic, or any other physical location that
3 provides abortions, abortion referrals, or contraceptives
4 shall provide to all office personnel copies of written
5 information and training materials about abuse and neglect and
6 the requirements of this Act that are provided to employees of
7 the office, clinic, or physical location who are required to
8 make reports to the Department under this Act, and instruct
9 such office personnel to bring to the attention of an employee
10 of the office, clinic, or physical location who is required to
11 make reports to the Department under this Act any reasonable
12 suspicion that a child known to him or her in his or her
13 professional or official capacity may be an abused child or a
14 neglected child. In addition to the above persons required to
15 report suspected cases of abused or neglected children, any
16 other person may make a report if such person has reasonable
17 cause to believe a child may be an abused child or a neglected
18 child.

19 Any person who enters into employment on and after July 1,
20 1986 and is mandated by virtue of that employment to report
21 under this Act, shall sign a statement on a form prescribed by
22 the Department, to the effect that the employee has knowledge
23 and understanding of the reporting requirements of this Act.
24 The statement shall be signed prior to commencement of the
25 employment. The signed statement shall be retained by the
26 employer. The cost of printing, distribution, and filing of the

1 statement shall be borne by the employer.

2 The Department shall provide copies of this Act, upon
3 request, to all employers employing persons who shall be
4 required under the provisions of this Section to report under
5 this Act.

6 Any person who knowingly transmits a false report to the
7 Department commits the offense of disorderly conduct under
8 subsection (a)(7) of Section 26-1 of the "Criminal Code of
9 1961". A violation of this provision is a Class 4 felony.

10 Any person who knowingly and willfully violates any
11 provision of this Section other than a second or subsequent
12 violation of transmitting a false report as described in the
13 preceding paragraph, is guilty of a Class A misdemeanor for a
14 first violation and a Class 4 felony for a second or subsequent
15 violation; except that if the person acted as part of a plan or
16 scheme having as its object the prevention of discovery of an
17 abused or neglected child by lawful authorities for the purpose
18 of protecting or insulating any person or entity from arrest or
19 prosecution, the person is guilty of a Class 4 felony for a
20 first offense and a Class 3 felony for a second or subsequent
21 offense (regardless of whether the second or subsequent offense
22 involves any of the same facts or persons as the first or other
23 prior offense).

24 A child whose parent, guardian or custodian in good faith
25 selects and depends upon spiritual means through prayer alone
26 for the treatment or cure of disease or remedial care may be

1 considered neglected or abused, but not for the sole reason
2 that his parent, guardian or custodian accepts and practices
3 such beliefs.

4 A child shall not be considered neglected or abused solely
5 because the child is not attending school in accordance with
6 the requirements of Article 26 of the School Code, as amended.

7 Nothing in this Act prohibits a mandated reporter who
8 reasonably believes that an animal is being abused or neglected
9 in violation of the Humane Care for Animals Act from reporting
10 animal abuse or neglect to the Department of Agriculture's
11 Bureau of Animal Health and Welfare.

12 A home rule unit may not regulate the reporting of child
13 abuse or neglect in a manner inconsistent with the provisions
14 of this Section. This Section is a limitation under subsection
15 (i) of Section 6 of Article VII of the Illinois Constitution on
16 the concurrent exercise by home rule units of powers and
17 functions exercised by the State.

18 For purposes of this Section "child abuse or neglect"
19 includes abuse or neglect of an adult resident as defined in
20 this Act.

21 (Source: P.A. 96-494, eff. 8-14-09; 96-1446, eff. 8-20-10;
22 97-189, eff. 7-22-11; 97-254, eff. 1-1-12; 97-387, eff.
23 8-15-11; 97-711, eff. 6-27-12; 97-813, eff. 7-13-12.)

24 Section 90. The AIDS Confidentiality Act is amended by
25 changing Section 3 as follows:

1 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

2 Sec. 3. When used in this Act:

3 (a) "Department" means the Illinois Department of Public
4 Health.

5 (b) "AIDS" means acquired immunodeficiency syndrome.

6 (c) "HIV" means the Human Immunodeficiency Virus or any
7 other identified causative agent of AIDS.

8 (d) "Informed consent" means a written or verbal agreement
9 by the subject of a test or the subject's legally authorized
10 representative without undue inducement or any element of
11 force, fraud, deceit, duress or other form of constraint or
12 coercion, which entails at least the following pre-test
13 information:

14 (1) a fair explanation of the test, including its purpose,
15 potential uses, limitations and the meaning of its results; and

16 (2) a fair explanation of the procedures to be followed,
17 including the voluntary nature of the test, the right to
18 withdraw consent to the testing process at any time, the right
19 to anonymity to the extent provided by law with respect to
20 participation in the test and disclosure of test results, and
21 the right to confidential treatment of information identifying
22 the subject of the test and the results of the test, to the
23 extent provided by law.

24 Pre-test information may be provided in writing, verbally,
25 or by video, electronic, or other means. The subject must be

1 offered an opportunity to ask questions about the HIV test and
2 decline testing. Nothing in this Act shall prohibit a health
3 care provider from combining a form used to obtain informed
4 consent for HIV testing with forms used to obtain written
5 consent for general medical care or any other medical test or
6 procedure provided that the forms make it clear that the
7 subject may consent to general medical care, tests, or medical
8 procedures without being required to consent to HIV testing and
9 clearly explain how the subject may opt-out of HIV testing.

10 (e) "Health facility" means a hospital, nursing home, blood
11 bank, blood center, sperm bank, or other health care
12 institution, including any "health facility" as that term is
13 defined in the Illinois Finance Authority Act.

14 (f) "Health care provider" means any health care
15 professional, nurse, paramedic, psychologist or other person
16 providing medical, nursing, psychological, or other health
17 care services of any kind.

18 (f-5) "Health care professional" means (i) a licensed
19 physician, (ii) a physician assistant to whom the physician
20 assistant's supervising physician has delegated the provision
21 of AIDS and HIV-related health services, (iii) an advanced
22 practice registered nurse who has a written collaborative
23 agreement with a collaborating physician which authorizes the
24 provision of AIDS and HIV-related health services, (iv) a
25 licensed dentist, (v) a licensed podiatric physician
26 ~~podiatrist~~, or (vi) an individual certified to provide HIV

1 testing and counseling by a state or local public health
2 department.

3 (g) "Test" or "HIV test" means a test to determine the
4 presence of the antibody or antigen to HIV, or of HIV
5 infection.

6 (h) "Person" includes any natural person, partnership,
7 association, joint venture, trust, governmental entity, public
8 or private corporation, health facility or other legal entity.

9 (Source: P.A. 95-7, eff. 6-1-08; 95-331, eff. 8-21-07.)

10 Section 95. The Illinois Sexually Transmissible Disease
11 Control Act is amended by changing Section 5.5 as follows:

12 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

13 Sec. 5.5. Risk assessment.

14 (a) Whenever the Department receives a report of HIV
15 infection or AIDS pursuant to this Act and the Department
16 determines that the subject of the report may present or may
17 have presented a possible risk of HIV transmission, the
18 Department shall, when medically appropriate, investigate the
19 subject of the report and that person's contacts as defined in
20 subsection (c), to assess the potential risks of transmission.
21 Any investigation and action shall be conducted in a timely
22 fashion. All contacts other than those defined in subsection
23 (c) shall be investigated in accordance with Section 5 of this
24 Act.

1 (b) If the Department determines that there is or may have
2 been potential risks of HIV transmission from the subject of
3 the report to other persons, the Department shall afford the
4 subject the opportunity to submit any information and comment
5 on proposed actions the Department intends to take with respect
6 to the subject's contacts who are at potential risk of
7 transmission of HIV prior to notification of the subject's
8 contacts. The Department shall also afford the subject of the
9 report the opportunity to notify the subject's contacts in a
10 timely fashion who are at potential risk of transmission of HIV
11 prior to the Department taking any steps to notify such
12 contacts. If the subject declines to notify such contacts or if
13 the Department determines the notices to be inadequate or
14 incomplete, the Department shall endeavor to notify such other
15 persons of the potential risk, and offer testing and counseling
16 services to these individuals. When the contacts are notified,
17 they shall be informed of the disclosure provisions of the AIDS
18 Confidentiality Act and the penalties therein and this Section.

19 (c) Contacts investigated under this Section shall in the
20 case of HIV infection include (i) individuals who have
21 undergone invasive procedures performed by an HIV infected
22 health care provider and (ii) health care providers who have
23 performed invasive procedures for persons infected with HIV,
24 provided the Department has determined that there is or may
25 have been potential risk of HIV transmission from the health
26 care provider to those individuals or from infected persons to

1 health care providers. The Department shall have access to the
2 subject's records to review for the identity of contacts. The
3 subject's records shall not be copied or seized by the
4 Department.

5 For purposes of this subsection, the term "invasive
6 procedures" means those procedures termed invasive by the
7 Centers for Disease Control in current guidelines or
8 recommendations for the prevention of HIV transmission in
9 health care settings, and the term "health care provider" means
10 any physician, dentist, podiatric physician ~~podiatrist~~,
11 advanced practice nurse, physician assistant, nurse, or other
12 person providing health care services of any kind.

13 (d) All information and records held by the Department and
14 local health authorities pertaining to activities conducted
15 pursuant to this Section shall be strictly confidential and
16 exempt from copying and inspection under the Freedom of
17 Information Act. Such information and records shall not be
18 released or made public by the Department or local health
19 authorities, and shall not be admissible as evidence, nor
20 discoverable in any action of any kind in any court or before
21 any tribunal, board, agency or person and shall be treated in
22 the same manner as the information and those records subject to
23 the provisions of Part 21 of the Code of Civil Procedure except
24 under the following circumstances:

25 (1) When made with the written consent of all persons
26 to whom this information pertains;

1 (2) When authorized under Section 8 to be released
2 under court order or subpoena pursuant to Section 12-5.01
3 or 12-16.2 of the Criminal Code of 1961; or

4 (3) When made by the Department for the purpose of
5 seeking a warrant authorized by Sections 6 and 7 of this
6 Act. Such disclosure shall conform to the requirements of
7 subsection (a) of Section 8 of this Act.

8 (e) Any person who knowingly or maliciously disseminates
9 any information or report concerning the existence of any
10 disease under this Section is guilty of a Class A misdemeanor.

11 (Source: P.A. 96-1551, eff. 7-1-11.)

12 Section 100. The Illinois Food, Drug and Cosmetic Act is
13 amended by changing Section 2.36 as follows:

14 (410 ILCS 620/2.36) (from Ch. 56 1/2, par. 502.36)

15 Sec. 2.36. "Prescription" means and includes any order for
16 drugs or medical devices, written, facsimile, or verbal by a
17 physician licensed to practice medicine in all its branches,
18 dentist, veterinarian, or podiatric physician ~~pediatrist~~
19 containing the following: (1) name of the patient; (2) date
20 when prescription was given; (3) name and strength of drug or
21 description of the medical device prescribed; (4) quantity, (5)
22 directions for use, (6) prescriber's name, address and
23 signature, and (7) DEA number where required, for controlled
24 substances.

1 (Source: P.A. 89-202, eff. 7-21-95.)

2 Section 105. The Illinois Controlled Substances Act is
3 amended by changing Sections 102 and 303.05 as follows:

4 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

5 Sec. 102. Definitions. As used in this Act, unless the
6 context otherwise requires:

7 (a) "Addict" means any person who habitually uses any drug,
8 chemical, substance or dangerous drug other than alcohol so as
9 to endanger the public morals, health, safety or welfare or who
10 is so far addicted to the use of a dangerous drug or controlled
11 substance other than alcohol as to have lost the power of self
12 control with reference to his or her addiction.

13 (b) "Administer" means the direct application of a
14 controlled substance, whether by injection, inhalation,
15 ingestion, or any other means, to the body of a patient,
16 research subject, or animal (as defined by the Humane
17 Euthanasia in Animal Shelters Act) by:

18 (1) a practitioner (or, in his or her presence, by his
19 or her authorized agent),

20 (2) the patient or research subject pursuant to an
21 order, or

22 (3) a euthanasia technician as defined by the Humane
23 Euthanasia in Animal Shelters Act.

24 (c) "Agent" means an authorized person who acts on behalf

1 of or at the direction of a manufacturer, distributor,
2 dispenser, prescriber, or practitioner. It does not include a
3 common or contract carrier, public warehouseman or employee of
4 the carrier or warehouseman.

5 (c-1) "Anabolic Steroids" means any drug or hormonal
6 substance, chemically and pharmacologically related to
7 testosterone (other than estrogens, progestins,
8 corticosteroids, and dehydroepiandrosterone), and includes:

- 9 (i) 3[beta] ,17-dihydroxy-5a-androstane,
10 (ii) 3[alpha] ,17[beta] -dihydroxy-5a-androstane,
11 (iii) 5[alpha] -androstane-3,17-dione,
12 (iv) 1-androstenediol (3[beta] ,
13 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
14 (v) 1-androstenediol (3[alpha] ,
15 17[beta] -dihydroxy-5[alpha] -androst-1-ene),
16 (vi) 4-androstenediol
17 (3[beta] ,17[beta] -dihydroxy-androst-4-ene),
18 (vii) 5-androstenediol
19 (3[beta] ,17[beta] -dihydroxy-androst-5-ene),
20 (viii) 1-androstenedione
21 ([5alpha] -androst-1-en-3,17-dione),
22 (ix) 4-androstenedione
23 (androst-4-en-3,17-dione),
24 (x) 5-androstenedione
25 (androst-5-en-3,17-dione),
26 (xi) bolasterone (7[alpha] ,17a-dimethyl-17[beta] -

1 hydroxyandrost-4-en-3-one),
2 (xii) boldenone (17[beta] -hydroxyandrost-
3 1,4,-diene-3-one),
4 (xiii) boldione (androsta-1,4-
5 diene-3,17-dione),
6 (xiv) calusterone (7[beta] ,17[alpha] -dimethyl-17
7 [beta] -hydroxyandrost-4-en-3-one),
8 (xv) clostebol (4-chloro-17[beta] -
9 hydroxyandrost-4-en-3-one),
10 (xvi) dehydrochloromethyltestosterone (4-chloro-
11 17[beta] -hydroxy-17[alpha] -methyl-
12 androst-1,4-dien-3-one),
13 (xvii) desoxymethyltestosterone
14 (17[alpha] -methyl-5[alpha]
15 -androst-2-en-17[beta] -ol) (a.k.a., madol),
16 (xviii) [delta] 1-dihydrotestosterone (a.k.a.
17 '1-testosterone') (17[beta] -hydroxy-
18 5[alpha] -androst-1-en-3-one),
19 (xix) 4-dihydrotestosterone (17[beta] -hydroxy-
20 androstan-3-one),
21 (xx) drostanolone (17[beta] -hydroxy-2[alpha] -methyl-
22 5[alpha] -androstan-3-one),
23 (xxi) ethylestrenol (17[alpha] -ethyl-17[beta] -
24 hydroxyestr-4-ene),
25 (xxii) fluoxymesterone (9-fluoro-17[alpha] -methyl-
26 1[beta] ,17[beta] -dihydroxyandrost-4-en-3-one),

- 1 (xxiii) formebolone (2-formyl-17[alpha] -methyl-11[alpha] ,
2 17[beta] -dihydroxyandrost-1,4-dien-3-one) ,
- 3 (xxiv) furazabol (17[alpha] -methyl-17[beta] -
4 hydroxyandrostan[2,3-c] -furazan) ,
- 5 (xxv) 13[beta] -ethyl-17[beta] -hydroxygon-4-en-3-one)
- 6 (xxvi) 4-hydroxytestosterone (4,17[beta] -dihydroxy-
7 androst-4-en-3-one) ,
- 8 (xxvii) 4-hydroxy-19-nortestosterone (4,17[beta] -
9 dihydroxy-estr-4-en-3-one) ,
- 10 (xxviii) mestanolone (17[alpha] -methyl-17[beta] -
11 hydroxy-5-androstan-3-one) ,
- 12 (xxix) mesterolone (1amethyl-17[beta] -hydroxy-
13 [5a] -androstan-3-one) ,
- 14 (xxx) methandienone (17[alpha] -methyl-17[beta] -
15 hydroxyandrost-1,4-dien-3-one) ,
- 16 (xxxii) methandriol (17[alpha] -methyl-3[beta] ,17[beta] -
17 dihydroxyandrost-5-ene) ,
- 18 (xxxiii) methenolone (1-methyl-17[beta] -hydroxy-
19 5[alpha] -androst-1-en-3-one) ,
- 20 (xxxiiii) 17[alpha] -methyl-3[beta] , 17[beta] -
21 dihydroxy-5a-androstane) ,
- 22 (xxxv) 17[alpha] -methyl-3[alpha] ,17[beta] -dihydroxy
23 -5a-androstane) ,
- 24 (xxxvi) 17[alpha] -methyl-3[beta] ,17[beta] -
25 dihydroxyandrost-4-ene) ,
- 26 (xxxvii) 17[alpha] -methyl-4-hydroxynandrolone (17[alpha] -

1 methyl-4-hydroxy-17[beta] -hydroxyestr-4-en-3-one),
2 (xxxvii) methyldienolone (17[alpha] -methyl-17[beta] -
3 hydroxyestra-4,9(10)-dien-3-one),
4 (xxxviii) methyltrienolone (17[alpha] -methyl-17[beta] -
5 hydroxyestra-4,9-11-trien-3-one),
6 (xxxix) methyltestosterone (17[alpha] -methyl-17[beta] -
7 hydroxyandrost-4-en-3-one),
8 (xl) mibolerone (7[alpha] ,17a-dimethyl-17[beta] -
9 hydroxyestr-4-en-3-one),
10 (xli) 17[alpha] -methyl-[delta] 1-dihydrotestosterone
11 (17b[beta] -hydroxy-17[alpha] -methyl-5[alpha] -
12 androst-1-en-3-one) (a.k.a. '17-[alpha] -methyl-
13 1-testosterone'),
14 (xlii) nandrolone (17[beta] -hydroxyestr-4-en-3-one),
15 (xliiii) 19-nor-4-androstenediol (3[beta] , 17[beta] -
16 dihydroxyestr-4-ene),
17 (xliv) 19-nor-4-androstenediol (3[alpha] , 17[beta] -
18 dihydroxyestr-4-ene),
19 (xlv) 19-nor-5-androstenediol (3[beta] , 17[beta] -
20 dihydroxyestr-5-ene),
21 (xlvi) 19-nor-5-androstenediol (3[alpha] , 17[beta] -
22 dihydroxyestr-5-ene),
23 (xlvii) 19-nor-4,9(10)-androstadienedione
24 (estra-4,9(10)-diene-3,17-dione),
25 (xlviii) 19-nor-4-androstenedione (estr-4-
26 en-3,17-dione),

- 1 (xlix) 19-nor-5-androstenedione (estr-5-
2 en-3,17-dione),
3 (l) norbolethone (13[beta] , 17a-diethyl-17[beta] -
4 hydroxygon-4-en-3-one),
5 (li) norclostebol (4-chloro-17[beta] -
6 hydroxyestr-4-en-3-one),
7 (lii) norethandrolone (17[alpha] -ethyl-17[beta] -
8 hydroxyestr-4-en-3-one),
9 (liii) normethandrolone (17[alpha] -methyl-17[beta] -
10 hydroxyestr-4-en-3-one),
11 (liv) oxandrolone (17[alpha] -methyl-17[beta] -hydroxy-
12 2-oxa-5[alpha] -androstan-3-one),
13 (lv) oxymesterone (17[alpha] -methyl-4,17[beta] -
14 dihydroxyandrost-4-en-3-one),
15 (lvi) oxymetholone (17[alpha] -methyl-2-hydroxymethylene-
16 17[beta] -hydroxy- (5[alpha] -androstan-3-one),
17 (lvii) stanozolol (17[alpha] -methyl-17[beta] -hydroxy-
18 (5[alpha] -androst-2-eno[3,2-c] -pyrazole),
19 (lviii) stenbolone (17[beta] -hydroxy-2-methyl-
20 (5[alpha] -androst-1-en-3-one),
21 (lix) testolactone (13-hydroxy-3-oxo-13,17-
22 secoandrosta-1,4-dien-17-oic
23 acid lactone),
24 (lx) testosterone (17[beta] -hydroxyandrost-
25 4-en-3-one),
26 (lxi) tetrahydrogestrinone (13[beta] , 17[alpha] -

1 diethyl-17[beta] -hydroxygon-
2 4,9,11-trien-3-one),
3 (lxii) trenbolone (17[beta] -hydroxyestr-4,9,
4 11-trien-3-one).

5 Any person who is otherwise lawfully in possession of an
6 anabolic steroid, or who otherwise lawfully manufactures,
7 distributes, dispenses, delivers, or possesses with intent to
8 deliver an anabolic steroid, which anabolic steroid is
9 expressly intended for and lawfully allowed to be administered
10 through implants to livestock or other nonhuman species, and
11 which is approved by the Secretary of Health and Human Services
12 for such administration, and which the person intends to
13 administer or have administered through such implants, shall
14 not be considered to be in unauthorized possession or to
15 unlawfully manufacture, distribute, dispense, deliver, or
16 possess with intent to deliver such anabolic steroid for
17 purposes of this Act.

18 (d) "Administration" means the Drug Enforcement
19 Administration, United States Department of Justice, or its
20 successor agency.

21 (d-5) "Clinical Director, Prescription Monitoring Program"
22 means a Department of Human Services administrative employee
23 licensed to either prescribe or dispense controlled substances
24 who shall run the clinical aspects of the Department of Human
25 Services Prescription Monitoring Program and its Prescription
26 Information Library.

1 (d-10) "Compounding" means the preparation and mixing of
2 components, excluding flavorings, (1) as the result of a
3 prescriber's prescription drug order or initiative based on the
4 prescriber-patient-pharmacist relationship in the course of
5 professional practice or (2) for the purpose of, or incident
6 to, research, teaching, or chemical analysis and not for sale
7 or dispensing. "Compounding" includes the preparation of drugs
8 or devices in anticipation of receiving prescription drug
9 orders based on routine, regularly observed dispensing
10 patterns. Commercially available products may be compounded
11 for dispensing to individual patients only if both of the
12 following conditions are met: (i) the commercial product is not
13 reasonably available from normal distribution channels in a
14 timely manner to meet the patient's needs and (ii) the
15 prescribing practitioner has requested that the drug be
16 compounded.

17 (e) "Control" means to add a drug or other substance, or
18 immediate precursor, to a Schedule whether by transfer from
19 another Schedule or otherwise.

20 (f) "Controlled Substance" means (i) a drug, substance, or
21 immediate precursor in the Schedules of Article II of this Act
22 or (ii) a drug or other substance, or immediate precursor,
23 designated as a controlled substance by the Department through
24 administrative rule. The term does not include distilled
25 spirits, wine, malt beverages, or tobacco, as those terms are
26 defined or used in the Liquor Control Act and the Tobacco

1 Products Tax Act.

2 (f-5) "Controlled substance analog" means a substance:

3 (1) the chemical structure of which is substantially
4 similar to the chemical structure of a controlled substance
5 in Schedule I or II;

6 (2) which has a stimulant, depressant, or
7 hallucinogenic effect on the central nervous system that is
8 substantially similar to or greater than the stimulant,
9 depressant, or hallucinogenic effect on the central
10 nervous system of a controlled substance in Schedule I or
11 II; or

12 (3) with respect to a particular person, which such
13 person represents or intends to have a stimulant,
14 depressant, or hallucinogenic effect on the central
15 nervous system that is substantially similar to or greater
16 than the stimulant, depressant, or hallucinogenic effect
17 on the central nervous system of a controlled substance in
18 Schedule I or II.

19 (g) "Counterfeit substance" means a controlled substance,
20 which, or the container or labeling of which, without
21 authorization bears the trademark, trade name, or other
22 identifying mark, imprint, number or device, or any likeness
23 thereof, of a manufacturer, distributor, or dispenser other
24 than the person who in fact manufactured, distributed, or
25 dispensed the substance.

26 (h) "Deliver" or "delivery" means the actual, constructive

1 or attempted transfer of possession of a controlled substance,
2 with or without consideration, whether or not there is an
3 agency relationship.

4 (i) "Department" means the Illinois Department of Human
5 Services (as successor to the Department of Alcoholism and
6 Substance Abuse) or its successor agency.

7 (j) (Blank).

8 (k) "Department of Corrections" means the Department of
9 Corrections of the State of Illinois or its successor agency.

10 (l) "Department of Financial and Professional Regulation"
11 means the Department of Financial and Professional Regulation
12 of the State of Illinois or its successor agency.

13 (m) "Depressant" means any drug that (i) causes an overall
14 depression of central nervous system functions, (ii) causes
15 impaired consciousness and awareness, and (iii) can be
16 habit-forming or lead to a substance abuse problem, including
17 but not limited to alcohol, cannabis and its active principles
18 and their analogs, benzodiazepines and their analogs,
19 barbiturates and their analogs, opioids (natural and
20 synthetic) and their analogs, and chloral hydrate and similar
21 sedative hypnotics.

22 (n) (Blank).

23 (o) "Director" means the Director of the Illinois State
24 Police or his or her designated agents.

25 (p) "Dispense" means to deliver a controlled substance to
26 an ultimate user or research subject by or pursuant to the

1 lawful order of a prescriber, including the prescribing,
2 administering, packaging, labeling, or compounding necessary
3 to prepare the substance for that delivery.

4 (q) "Dispenser" means a practitioner who dispenses.

5 (r) "Distribute" means to deliver, other than by
6 administering or dispensing, a controlled substance.

7 (s) "Distributor" means a person who distributes.

8 (t) "Drug" means (1) substances recognized as drugs in the
9 official United States Pharmacopoeia, Official Homeopathic
10 Pharmacopoeia of the United States, or official National
11 Formulary, or any supplement to any of them; (2) substances
12 intended for use in diagnosis, cure, mitigation, treatment, or
13 prevention of disease in man or animals; (3) substances (other
14 than food) intended to affect the structure of any function of
15 the body of man or animals and (4) substances intended for use
16 as a component of any article specified in clause (1), (2), or
17 (3) of this subsection. It does not include devices or their
18 components, parts, or accessories.

19 (t-5) "Euthanasia agency" means an entity certified by the
20 Department of Financial and Professional Regulation for the
21 purpose of animal euthanasia that holds an animal control
22 facility license or animal shelter license under the Animal
23 Welfare Act. A euthanasia agency is authorized to purchase,
24 store, possess, and utilize Schedule II nonnarcotic and
25 Schedule III nonnarcotic drugs for the sole purpose of animal
26 euthanasia.

1 (t-10) "Euthanasia drugs" means Schedule II or Schedule III
2 substances (nonnarcotic controlled substances) that are used
3 by a euthanasia agency for the purpose of animal euthanasia.

4 (u) "Good faith" means the prescribing or dispensing of a
5 controlled substance by a practitioner in the regular course of
6 professional treatment to or for any person who is under his or
7 her treatment for a pathology or condition other than that
8 individual's physical or psychological dependence upon or
9 addiction to a controlled substance, except as provided herein:
10 and application of the term to a pharmacist shall mean the
11 dispensing of a controlled substance pursuant to the
12 prescriber's order which in the professional judgment of the
13 pharmacist is lawful. The pharmacist shall be guided by
14 accepted professional standards including, but not limited to
15 the following, in making the judgment:

16 (1) lack of consistency of prescriber-patient
17 relationship,

18 (2) frequency of prescriptions for same drug by one
19 prescriber for large numbers of patients,

20 (3) quantities beyond those normally prescribed,

21 (4) unusual dosages (recognizing that there may be
22 clinical circumstances where more or less than the usual
23 dose may be used legitimately),

24 (5) unusual geographic distances between patient,
25 pharmacist and prescriber,

26 (6) consistent prescribing of habit-forming drugs.

1 (u-0.5) "Hallucinogen" means a drug that causes markedly
2 altered sensory perception leading to hallucinations of any
3 type.

4 (u-1) "Home infusion services" means services provided by a
5 pharmacy in compounding solutions for direct administration to
6 a patient in a private residence, long-term care facility, or
7 hospice setting by means of parenteral, intravenous,
8 intramuscular, subcutaneous, or intraspinal infusion.

9 (u-5) "Illinois State Police" means the State Police of the
10 State of Illinois, or its successor agency.

11 (v) "Immediate precursor" means a substance:

12 (1) which the Department has found to be and by rule
13 designated as being a principal compound used, or produced
14 primarily for use, in the manufacture of a controlled
15 substance;

16 (2) which is an immediate chemical intermediary used or
17 likely to be used in the manufacture of such controlled
18 substance; and

19 (3) the control of which is necessary to prevent,
20 curtail or limit the manufacture of such controlled
21 substance.

22 (w) "Instructional activities" means the acts of teaching,
23 educating or instructing by practitioners using controlled
24 substances within educational facilities approved by the State
25 Board of Education or its successor agency.

26 (x) "Local authorities" means a duly organized State,

1 County or Municipal peace unit or police force.

2 (y) "Look-alike substance" means a substance, other than a
3 controlled substance which (1) by overall dosage unit
4 appearance, including shape, color, size, markings or lack
5 thereof, taste, consistency, or any other identifying physical
6 characteristic of the substance, would lead a reasonable person
7 to believe that the substance is a controlled substance, or (2)
8 is expressly or impliedly represented to be a controlled
9 substance or is distributed under circumstances which would
10 lead a reasonable person to believe that the substance is a
11 controlled substance. For the purpose of determining whether
12 the representations made or the circumstances of the
13 distribution would lead a reasonable person to believe the
14 substance to be a controlled substance under this clause (2) of
15 subsection (y), the court or other authority may consider the
16 following factors in addition to any other factor that may be
17 relevant:

18 (a) statements made by the owner or person in control
19 of the substance concerning its nature, use or effect;

20 (b) statements made to the buyer or recipient that the
21 substance may be resold for profit;

22 (c) whether the substance is packaged in a manner
23 normally used for the illegal distribution of controlled
24 substances;

25 (d) whether the distribution or attempted distribution
26 included an exchange of or demand for money or other

1 property as consideration, and whether the amount of the
2 consideration was substantially greater than the
3 reasonable retail market value of the substance.

4 Clause (1) of this subsection (y) shall not apply to a
5 noncontrolled substance in its finished dosage form that was
6 initially introduced into commerce prior to the initial
7 introduction into commerce of a controlled substance in its
8 finished dosage form which it may substantially resemble.

9 Nothing in this subsection (y) prohibits the dispensing or
10 distributing of noncontrolled substances by persons authorized
11 to dispense and distribute controlled substances under this
12 Act, provided that such action would be deemed to be carried
13 out in good faith under subsection (u) if the substances
14 involved were controlled substances.

15 Nothing in this subsection (y) or in this Act prohibits the
16 manufacture, preparation, propagation, compounding,
17 processing, packaging, advertising or distribution of a drug or
18 drugs by any person registered pursuant to Section 510 of the
19 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

20 (y-1) "Mail-order pharmacy" means a pharmacy that is
21 located in a state of the United States that delivers,
22 dispenses or distributes, through the United States Postal
23 Service or other common carrier, to Illinois residents, any
24 substance which requires a prescription.

25 (z) "Manufacture" means the production, preparation,
26 propagation, compounding, conversion or processing of a

1 controlled substance other than methamphetamine, either
2 directly or indirectly, by extraction from substances of
3 natural origin, or independently by means of chemical
4 synthesis, or by a combination of extraction and chemical
5 synthesis, and includes any packaging or repackaging of the
6 substance or labeling of its container, except that this term
7 does not include:

8 (1) by an ultimate user, the preparation or compounding
9 of a controlled substance for his or her own use; or

10 (2) by a practitioner, or his or her authorized agent
11 under his or her supervision, the preparation,
12 compounding, packaging, or labeling of a controlled
13 substance:

14 (a) as an incident to his or her administering or
15 dispensing of a controlled substance in the course of
16 his or her professional practice; or

17 (b) as an incident to lawful research, teaching or
18 chemical analysis and not for sale.

19 (z-1) (Blank).

20 (z-5) "Medication shopping" means the conduct prohibited
21 under subsection (a) of Section 314.5 of this Act.

22 (z-10) "Mid-level practitioner" means (i) a physician
23 assistant who has been delegated authority to prescribe through
24 a written delegation of authority by a physician licensed to
25 practice medicine in all of its branches, in accordance with
26 Section 7.5 of the Physician Assistant Practice Act of 1987,

1 (ii) an advanced practice nurse who has been delegated
2 authority to prescribe through a written delegation of
3 authority by a physician licensed to practice medicine in all
4 of its branches or by a podiatric physician ~~podiatrist~~, in
5 accordance with Section 65-40 of the Nurse Practice Act, or
6 (iii) an animal euthanasia agency.

7 (aa) "Narcotic drug" means any of the following, whether
8 produced directly or indirectly by extraction from substances
9 of vegetable origin, or independently by means of chemical
10 synthesis, or by a combination of extraction and chemical
11 synthesis:

12 (1) opium, opiates, derivatives of opium and opiates,
13 including their isomers, esters, ethers, salts, and salts
14 of isomers, esters, and ethers, whenever the existence of
15 such isomers, esters, ethers, and salts is possible within
16 the specific chemical designation; however the term
17 "narcotic drug" does not include the isoquinoline
18 alkaloids of opium;

19 (2) (blank);

20 (3) opium poppy and poppy straw;

21 (4) coca leaves, except coca leaves and extracts of
22 coca leaves from which substantially all of the cocaine and
23 ecgonine, and their isomers, derivatives and salts, have
24 been removed;

25 (5) cocaine, its salts, optical and geometric isomers,
26 and salts of isomers;

1 (6) ecgonine, its derivatives, their salts, isomers,
2 and salts of isomers;

3 (7) any compound, mixture, or preparation which
4 contains any quantity of any of the substances referred to
5 in subparagraphs (1) through (6).

6 (bb) "Nurse" means a registered nurse licensed under the
7 Nurse Practice Act.

8 (cc) (Blank).

9 (dd) "Opiate" means any substance having an addiction
10 forming or addiction sustaining liability similar to morphine
11 or being capable of conversion into a drug having addiction
12 forming or addiction sustaining liability.

13 (ee) "Opium poppy" means the plant of the species *Papaver*
14 *somniferum* L., except its seeds.

15 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or
16 solution or other liquid form of medication intended for
17 administration by mouth, but the term does not include a form
18 of medication intended for buccal, sublingual, or transmucosal
19 administration.

20 (ff) "Parole and Pardon Board" means the Parole and Pardon
21 Board of the State of Illinois or its successor agency.

22 (gg) "Person" means any individual, corporation,
23 mail-order pharmacy, government or governmental subdivision or
24 agency, business trust, estate, trust, partnership or
25 association, or any other entity.

26 (hh) "Pharmacist" means any person who holds a license or

1 certificate of registration as a registered pharmacist, a local
2 registered pharmacist or a registered assistant pharmacist
3 under the Pharmacy Practice Act.

4 (ii) "Pharmacy" means any store, ship or other place in
5 which pharmacy is authorized to be practiced under the Pharmacy
6 Practice Act.

7 (ii-5) "Pharmacy shopping" means the conduct prohibited
8 under subsection (b) of Section 314.5 of this Act.

9 (ii-10) "Physician" (except when the context otherwise
10 requires) means a person licensed to practice medicine in all
11 of its branches.

12 (jj) "Poppy straw" means all parts, except the seeds, of
13 the opium poppy, after mowing.

14 (kk) "Practitioner" means a physician licensed to practice
15 medicine in all its branches, dentist, optometrist, podiatric
16 physician ~~podiatrist~~, veterinarian, scientific investigator,
17 pharmacist, physician assistant, advanced practice nurse,
18 licensed practical nurse, registered nurse, hospital,
19 laboratory, or pharmacy, or other person licensed, registered,
20 or otherwise lawfully permitted by the United States or this
21 State to distribute, dispense, conduct research with respect
22 to, administer or use in teaching or chemical analysis, a
23 controlled substance in the course of professional practice or
24 research.

25 (ll) "Pre-printed prescription" means a written
26 prescription upon which the designated drug has been indicated

1 prior to the time of issuance; the term does not mean a written
2 prescription that is individually generated by machine or
3 computer in the prescriber's office.

4 (mm) "Prescriber" means a physician licensed to practice
5 medicine in all its branches, dentist, optometrist, podiatric
6 physician ~~podiatrist~~ or veterinarian who issues a
7 prescription, a physician assistant who issues a prescription
8 for a controlled substance in accordance with Section 303.05, a
9 written delegation, and a written supervision agreement
10 required under Section 7.5 of the Physician Assistant Practice
11 Act of 1987, or an advanced practice nurse with prescriptive
12 authority delegated under Section 65-40 of the Nurse Practice
13 Act and in accordance with Section 303.05, a written
14 delegation, and a written collaborative agreement under
15 Section 65-35 of the Nurse Practice Act.

16 (nn) "Prescription" means a written, facsimile, or oral
17 order, or an electronic order that complies with applicable
18 federal requirements, of a physician licensed to practice
19 medicine in all its branches, dentist, podiatric physician
20 ~~podiatrist~~ or veterinarian for any controlled substance, of an
21 optometrist for a Schedule III, IV, or V controlled substance
22 in accordance with Section 15.1 of the Illinois Optometric
23 Practice Act of 1987, of a physician assistant for a controlled
24 substance in accordance with Section 303.05, a written
25 delegation, and a written supervision agreement required under
26 Section 7.5 of the Physician Assistant Practice Act of 1987, or

1 of an advanced practice nurse with prescriptive authority
2 delegated under Section 65-40 of the Nurse Practice Act who
3 issues a prescription for a controlled substance in accordance
4 with Section 303.05, a written delegation, and a written
5 collaborative agreement under Section 65-35 of the Nurse
6 Practice Act when required by law.

7 (nn-5) "Prescription Information Library" (PIL) means an
8 electronic library that contains reported controlled substance
9 data.

10 (nn-10) "Prescription Monitoring Program" (PMP) means the
11 entity that collects, tracks, and stores reported data on
12 controlled substances and select drugs pursuant to Section 316.

13 (oo) "Production" or "produce" means manufacture,
14 planting, cultivating, growing, or harvesting of a controlled
15 substance other than methamphetamine.

16 (pp) "Registrant" means every person who is required to
17 register under Section 302 of this Act.

18 (qq) "Registry number" means the number assigned to each
19 person authorized to handle controlled substances under the
20 laws of the United States and of this State.

21 (qq-5) "Secretary" means, as the context requires, either
22 the Secretary of the Department or the Secretary of the
23 Department of Financial and Professional Regulation, and the
24 Secretary's designated agents.

25 (rr) "State" includes the State of Illinois and any state,
26 district, commonwealth, territory, insular possession thereof,

1 and any area subject to the legal authority of the United
2 States of America.

3 (rr-5) "Stimulant" means any drug that (i) causes an
4 overall excitation of central nervous system functions, (ii)
5 causes impaired consciousness and awareness, and (iii) can be
6 habit-forming or lead to a substance abuse problem, including
7 but not limited to amphetamines and their analogs,
8 methylphenidate and its analogs, cocaine, and phencyclidine
9 and its analogs.

10 (ss) "Ultimate user" means a person who lawfully possesses
11 a controlled substance for his or her own use or for the use of
12 a member of his or her household or for administering to an
13 animal owned by him or her or by a member of his or her
14 household.

15 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;
16 97-334, eff. 1-1-12.)

17 (720 ILCS 570/303.05)

18 Sec. 303.05. Mid-level practitioner registration.

19 (a) The Department of Financial and Professional
20 Regulation shall register licensed physician assistants and
21 licensed advanced practice nurses to prescribe and dispense
22 controlled substances under Section 303 and euthanasia
23 agencies to purchase, store, or administer animal euthanasia
24 drugs under the following circumstances:

25 (1) with respect to physician assistants,

1 (A) the physician assistant has been delegated
2 written authority to prescribe any Schedule III
3 through V controlled substances by a physician
4 licensed to practice medicine in all its branches in
5 accordance with Section 7.5 of the Physician Assistant
6 Practice Act of 1987; and the physician assistant has
7 completed the appropriate application forms and has
8 paid the required fees as set by rule; or

9 (B) the physician assistant has been delegated
10 authority by a supervising physician licensed to
11 practice medicine in all its branches to prescribe or
12 dispense Schedule II controlled substances through a
13 written delegation of authority and under the
14 following conditions:

15 (i) Specific Schedule II controlled substances
16 by oral dosage or topical or transdermal
17 application may be delegated, provided that the
18 delegated Schedule II controlled substances are
19 routinely prescribed by the supervising physician.
20 This delegation must identify the specific
21 Schedule II controlled substances by either brand
22 name or generic name. Schedule II controlled
23 substances to be delivered by injection or other
24 route of administration may not be delegated;

25 (ii) any delegation must be of controlled
26 substances prescribed by the supervising

1 physician;

2 (iii) all prescriptions must be limited to no
3 more than a 30-day supply, with any continuation
4 authorized only after prior approval of the
5 supervising physician;

6 (iv) the physician assistant must discuss the
7 condition of any patients for whom a controlled
8 substance is prescribed monthly with the
9 delegating physician;

10 (v) the physician assistant must have
11 completed the appropriate application forms and
12 paid the required fees as set by rule;

13 (vi) the physician assistant must provide
14 evidence of satisfactory completion of 45 contact
15 hours in pharmacology from any physician assistant
16 program accredited by the Accreditation Review
17 Commission on Education for the Physician
18 Assistant (ARC-PA), or its predecessor agency, for
19 any new license issued with Schedule II authority
20 after the effective date of this amendatory Act of
21 the 97th General Assembly; and

22 (vii) the physician assistant must annually
23 complete at least 5 hours of continuing education
24 in pharmacology.

25 (2) with respect to advanced practice nurses,

26 (A) the advanced practice nurse has been delegated

1 authority to prescribe any Schedule III through V
2 controlled substances by a collaborating physician
3 licensed to practice medicine in all its branches or a
4 collaborating podiatric physician ~~podiatrist~~ in
5 accordance with Section 65-40 of the Nurse Practice
6 Act. The advanced practice nurse has completed the
7 appropriate application forms and has paid the
8 required fees as set by rule; or

9 (B) the advanced practice nurse has been delegated
10 authority by a collaborating physician licensed to
11 practice medicine in all its branches or collaborating
12 podiatric physician ~~podiatrist~~ to prescribe or
13 dispense Schedule II controlled substances through a
14 written delegation of authority and under the
15 following conditions:

16 (i) specific Schedule II controlled substances
17 by oral dosage or topical or transdermal
18 application may be delegated, provided that the
19 delegated Schedule II controlled substances are
20 routinely prescribed by the collaborating
21 physician or podiatric physician ~~podiatrist~~. This
22 delegation must identify the specific Schedule II
23 controlled substances by either brand name or
24 generic name. Schedule II controlled substances to
25 be delivered by injection or other route of
26 administration may not be delegated;

1 (ii) any delegation must be of controlled
2 substances prescribed by the collaborating
3 physician or podiatric physician ~~podiatrist~~;

4 (iii) all prescriptions must be limited to no
5 more than a 30-day supply, with any continuation
6 authorized only after prior approval of the
7 collaborating physician or podiatric physician
8 ~~podiatrist~~;

9 (iv) the advanced practice nurse must discuss
10 the condition of any patients for whom a controlled
11 substance is prescribed monthly with the
12 delegating physician or podiatric physician
13 ~~podiatrist~~ or in the course of review as required
14 by Section 65-40 of the Nurse Practice Act;

15 (v) the advanced practice nurse must have
16 completed the appropriate application forms and
17 paid the required fees as set by rule;

18 (vi) the advanced practice nurse must provide
19 evidence of satisfactory completion of at least 45
20 graduate contact hours in pharmacology for any new
21 license issued with Schedule II authority after
22 the effective date of this amendatory Act of the
23 97th General Assembly; and

24 (vii) the advanced practice nurse must
25 annually complete 5 hours of continuing education
26 in pharmacology; or

1 (3) with respect to animal euthanasia agencies, the
2 euthanasia agency has obtained a license from the
3 Department of Financial and Professional Regulation and
4 obtained a registration number from the Department.

5 (b) The mid-level practitioner shall only be licensed to
6 prescribe those schedules of controlled substances for which a
7 licensed physician or licensed podiatric physician ~~podiatrist~~
8 has delegated prescriptive authority, except that an animal
9 euthanasia agency does not have any prescriptive authority. A
10 physician assistant and an advanced practice nurse are
11 prohibited from prescribing medications and controlled
12 substances not set forth in the required written delegation of
13 authority.

14 (c) Upon completion of all registration requirements,
15 physician assistants, advanced practice nurses, and animal
16 euthanasia agencies may be issued a mid-level practitioner
17 controlled substances license for Illinois.

18 (d) A collaborating physician or podiatric physician
19 ~~podiatrist~~ may, but is not required to, delegate prescriptive
20 authority to an advanced practice nurse as part of a written
21 collaborative agreement, and the delegation of prescriptive
22 authority shall conform to the requirements of Section 65-40 of
23 the Nurse Practice Act.

24 (e) A supervising physician may, but is not required to,
25 delegate prescriptive authority to a physician assistant as
26 part of a written supervision agreement, and the delegation of

1 prescriptive authority shall conform to the requirements of
2 Section 7.5 of the Physician Assistant Practice Act of 1987.

3 (f) Nothing in this Section shall be construed to prohibit
4 generic substitution.

5 (Source: P.A. 96-189, eff. 8-10-09; 96-268, eff. 8-11-09;
6 96-1000, eff. 7-2-10; 97-334, eff. 1-1-12; 97-358, eff.
7 8-12-11; 97-813, eff. 7-13-12.)

8 Section 110. The Code of Civil Procedure is amended by
9 changing Sections 2-622 and 8-2001 as follows:

10 (735 ILCS 5/2-622) (from Ch. 110, par. 2-622)

11 Sec. 2-622. Healing art malpractice.

12 (a) In any action, whether in tort, contract or otherwise,
13 in which the plaintiff seeks damages for injuries or death by
14 reason of medical, hospital, or other healing art malpractice,
15 the plaintiff's attorney or the plaintiff, if the plaintiff is
16 proceeding pro se, shall file an affidavit, attached to the
17 original and all copies of the complaint, declaring one of the
18 following:

19 1. That the affiant has consulted and reviewed the
20 facts of the case with a health professional who the
21 affiant reasonably believes: (i) is knowledgeable in the
22 relevant issues involved in the particular action; (ii)
23 practices or has practiced within the last 6 years or
24 teaches or has taught within the last 6 years in the same

1 area of health care or medicine that is at issue in the
2 particular action; and (iii) is qualified by experience or
3 demonstrated competence in the subject of the case; that
4 the reviewing health professional has determined in a
5 written report, after a review of the medical record and
6 other relevant material involved in the particular action
7 that there is a reasonable and meritorious cause for the
8 filing of such action; and that the affiant has concluded
9 on the basis of the reviewing health professional's review
10 and consultation that there is a reasonable and meritorious
11 cause for filing of such action. If the affidavit is filed
12 as to a defendant who is a physician licensed to treat
13 human ailments without the use of drugs or medicines and
14 without operative surgery, a dentist, a podiatric
15 physician ~~podiatrist~~, a psychologist, or a naprapath, the
16 written report must be from a health professional licensed
17 in the same profession, with the same class of license, as
18 the defendant. For affidavits filed as to all other
19 defendants, the written report must be from a physician
20 licensed to practice medicine in all its branches. In
21 either event, the affidavit must identify the profession of
22 the reviewing health professional. A copy of the written
23 report, clearly identifying the plaintiff and the reasons
24 for the reviewing health professional's determination that
25 a reasonable and meritorious cause for the filing of the
26 action exists, must be attached to the affidavit, but

1 information which would identify the reviewing health
2 professional may be deleted from the copy so attached.

3 2. That the affiant was unable to obtain a consultation
4 required by paragraph 1 because a statute of limitations
5 would impair the action and the consultation required could
6 not be obtained before the expiration of the statute of
7 limitations. If an affidavit is executed pursuant to this
8 paragraph, the certificate and written report required by
9 paragraph 1 shall be filed within 90 days after the filing
10 of the complaint. The defendant shall be excused from
11 answering or otherwise pleading until 30 days after being
12 served with a certificate required by paragraph 1.

13 3. That a request has been made by the plaintiff or his
14 attorney for examination and copying of records pursuant to
15 Part 20 of Article VIII of this Code and the party required
16 to comply under those Sections has failed to produce such
17 records within 60 days of the receipt of the request. If an
18 affidavit is executed pursuant to this paragraph, the
19 certificate and written report required by paragraph 1
20 shall be filed within 90 days following receipt of the
21 requested records. All defendants except those whose
22 failure to comply with Part 20 of Article VIII of this Code
23 is the basis for an affidavit under this paragraph shall be
24 excused from answering or otherwise pleading until 30 days
25 after being served with the certificate required by
26 paragraph 1.

1 (b) Where a certificate and written report are required
2 pursuant to this Section a separate certificate and written
3 report shall be filed as to each defendant who has been named
4 in the complaint and shall be filed as to each defendant named
5 at a later time.

6 (c) Where the plaintiff intends to rely on the doctrine of
7 "res ipsa loquitur", as defined by Section 2-1113 of this Code,
8 the certificate and written report must state that, in the
9 opinion of the reviewing health professional, negligence has
10 occurred in the course of medical treatment. The affiant shall
11 certify upon filing of the complaint that he is relying on the
12 doctrine of "res ipsa loquitur".

13 (d) When the attorney intends to rely on the doctrine of
14 failure to inform of the consequences of the procedure, the
15 attorney shall certify upon the filing of the complaint that
16 the reviewing health professional has, after reviewing the
17 medical record and other relevant materials involved in the
18 particular action, concluded that a reasonable health
19 professional would have informed the patient of the
20 consequences of the procedure.

21 (e) Allegations and denials in the affidavit, made without
22 reasonable cause and found to be untrue, shall subject the
23 party pleading them or his attorney, or both, to the payment of
24 reasonable expenses, actually incurred by the other party by
25 reason of the untrue pleading, together with reasonable
26 attorneys' fees to be summarily taxed by the court upon motion

1 made within 30 days of the judgment or dismissal. In no event
2 shall the award for attorneys' fees and expenses exceed those
3 actually paid by the moving party, including the insurer, if
4 any. In proceedings under this paragraph (e), the moving party
5 shall have the right to depose and examine any and all
6 reviewing health professionals who prepared reports used in
7 conjunction with an affidavit required by this Section.

8 (f) A reviewing health professional who in good faith
9 prepares a report used in conjunction with an affidavit
10 required by this Section shall have civil immunity from
11 liability which otherwise might result from the preparation of
12 such report.

13 (g) The failure to file a certificate required by this
14 Section shall be grounds for dismissal under Section 2-619.

15 (h) (Blank).

16 (i) (Blank).

17 (Source: P.A. 97-1145, eff. 1-18-13.)

18 (735 ILCS 5/8-2001) (from Ch. 110, par. 8-2001)

19 Sec. 8-2001. Examination of health care records.

20 (a) In this Section:

21 "Health care facility" or "facility" means a public or
22 private hospital, ambulatory surgical treatment center,
23 nursing home, independent practice association, or physician
24 hospital organization, or any other entity where health care
25 services are provided to any person. The term does not include

1 a health care practitioner.

2 "Health care practitioner" means any health care
3 practitioner, including a physician, dentist, podiatric
4 physician ~~podiatrist~~, advanced practice nurse, physician
5 assistant, clinical psychologist, or clinical social worker.
6 The term includes a medical office, health care clinic, health
7 department, group practice, and any other organizational
8 structure for a licensed professional to provide health care
9 services. The term does not include a health care facility.

10 (b) Every private and public health care facility shall,
11 upon the request of any patient who has been treated in such
12 health care facility, or any person, entity, or organization
13 presenting a valid authorization for the release of records
14 signed by the patient or the patient's legally authorized
15 representative, or as authorized by Section 8-2001.5, permit
16 the patient, his or her health care practitioner, authorized
17 attorney, or any person, entity, or organization presenting a
18 valid authorization for the release of records signed by the
19 patient or the patient's legally authorized representative to
20 examine the health care facility patient care records,
21 including but not limited to the history, bedside notes,
22 charts, pictures and plates, kept in connection with the
23 treatment of such patient, and permit copies of such records to
24 be made by him or her or his or her health care practitioner or
25 authorized attorney.

26 (c) Every health care practitioner shall, upon the request

1 of any patient who has been treated by the health care
2 practitioner, or any person, entity, or organization
3 presenting a valid authorization for the release of records
4 signed by the patient or the patient's legally authorized
5 representative, permit the patient and the patient's health
6 care practitioner or authorized attorney, or any person,
7 entity, or organization presenting a valid authorization for
8 the release of records signed by the patient or the patient's
9 legally authorized representative, to examine and copy the
10 patient's records, including but not limited to those relating
11 to the diagnosis, treatment, prognosis, history, charts,
12 pictures and plates, kept in connection with the treatment of
13 such patient.

14 (d) A request for copies of the records shall be in writing
15 and shall be delivered to the administrator or manager of such
16 health care facility or to the health care practitioner. The
17 person (including patients, health care practitioners and
18 attorneys) requesting copies of records shall reimburse the
19 facility or the health care practitioner at the time of such
20 copying for all reasonable expenses, including the costs of
21 independent copy service companies, incurred in connection
22 with such copying not to exceed a \$20 handling charge for
23 processing the request and the actual postage or shipping
24 charge, if any, plus: (1) for paper copies 75 cents per page
25 for the first through 25th pages, 50 cents per page for the
26 26th through 50th pages, and 25 cents per page for all pages in

1 excess of 50 (except that the charge shall not exceed \$1.25 per
2 page for any copies made from microfiche or microfilm; records
3 retrieved from scanning, digital imaging, electronic
4 information or other digital format do not qualify as
5 microfiche or microfilm retrieval for purposes of calculating
6 charges); and (2) for electronic records, retrieved from a
7 scanning, digital imaging, electronic information or other
8 digital format in a electronic document, a charge of 50% of the
9 per page charge for paper copies under subdivision (d) (1). This
10 per page charge includes the cost of each CD Rom, DVD, or other
11 storage media. Records already maintained in an electronic or
12 digital format shall be provided in an electronic format when
13 so requested. If the records system does not allow for the
14 creation or transmission of an electronic or digital record,
15 then the facility or practitioner shall inform the requester in
16 writing of the reason the records can not be provided
17 electronically. The written explanation may be included with
18 the production of paper copies, if the requester chooses to
19 order paper copies. These rates shall be automatically adjusted
20 as set forth in Section 8-2006. The facility or health care
21 practitioner may, however, charge for the reasonable cost of
22 all duplication of record material or information that cannot
23 routinely be copied or duplicated on a standard commercial
24 photocopy machine such as x-ray films or pictures.

25 (d-5) The handling fee shall not be collected from the
26 patient or the patient's personal representative who obtains

1 copies of records under Section 8-2001.5.

2 (e) The requirements of this Section shall be satisfied
3 within 30 days of the receipt of a written request by a patient
4 or by his or her legally authorized representative, health care
5 practitioner, authorized attorney, or any person, entity, or
6 organization presenting a valid authorization for the release
7 of records signed by the patient or the patient's legally
8 authorized representative. If the facility or health care
9 practitioner needs more time to comply with the request, then
10 within 30 days after receiving the request, the facility or
11 health care practitioner must provide the requesting party with
12 a written statement of the reasons for the delay and the date
13 by which the requested information will be provided. In any
14 event, the facility or health care practitioner must provide
15 the requested information no later than 60 days after receiving
16 the request.

17 (f) A health care facility or health care practitioner must
18 provide the public with at least 30 days prior notice of the
19 closure of the facility or the health care practitioner's
20 practice. The notice must include an explanation of how copies
21 of the facility's records may be accessed by patients. The
22 notice may be given by publication in a newspaper of general
23 circulation in the area in which the health care facility or
24 health care practitioner is located.

25 (g) Failure to comply with the time limit requirement of
26 this Section shall subject the denying party to expenses and

1 reasonable attorneys' fees incurred in connection with any
2 court ordered enforcement of the provisions of this Section.

3 (Source: P.A. 97-623, eff. 11-23-11; 97-867, eff. 7-30-12.)

4 Section 115. The Good Samaritan Act is amended by changing
5 Sections 30, 50, and 68 as follows:

6 (745 ILCS 49/30)

7 (Text of Section WITH the changes made by P.A. 94-677,
8 which has been held unconstitutional)

9 Sec. 30. Free medical clinic; exemption from civil
10 liability for services performed without compensation.

11 (a) A person licensed under the Medical Practice Act of
12 1987, a person licensed to practice the treatment of human
13 ailments in any other state or territory of the United States,
14 or a health care professional, including but not limited to an
15 advanced practice nurse, retired physician, physician
16 assistant, nurse, pharmacist, physical therapist, podiatric
17 physician ~~podiatrist~~, or social worker licensed in this State
18 or any other state or territory of the United States, who, in
19 good faith, provides medical treatment, diagnosis, or advice as
20 a part of the services of an established free medical clinic
21 providing care, including but not limited to home visits,
22 without charge to patients which is limited to care that does
23 not require the services of a licensed hospital or ambulatory
24 surgical treatment center and who receives no fee or

1 compensation from that source shall not be liable for civil
2 damages as a result of his or her acts or omissions in
3 providing that medical treatment, except for willful or wanton
4 misconduct.

5 (b) For purposes of this Section, a "free medical clinic"
6 is an organized community based program providing medical care
7 without charge to individuals, at which the care provided does
8 not include an overnight stay in a health-care facility.

9 (c) The provisions of subsection (a) of this Section do not
10 apply to a particular case unless the free medical clinic has
11 posted in a conspicuous place on its premises an explanation of
12 the exemption from civil liability provided herein.

13 (d) The immunity from civil damages provided under
14 subsection (a) also applies to physicians, retired physicians,
15 hospitals, and other health care providers that provide further
16 medical treatment, diagnosis, or advice, including but not
17 limited to hospitalization, office visits, and home visits, to
18 a patient upon referral from an established free medical clinic
19 without fee or compensation.

20 (d-5) A free medical clinic may receive reimbursement from
21 the Illinois Department of Public Aid, provided any
22 reimbursements shall be used only to pay overhead expenses of
23 operating the free medical clinic and may not be used, in whole
24 or in part, to provide a fee or other compensation to any
25 person licensed under the Medical Practice Act of 1987 or any
26 other health care professional who is receiving an exemption

1 under this Section. Any health care professional receiving an
2 exemption under this Section may not receive any fee or other
3 compensation in connection with any services provided to, or
4 any ownership interest in, the clinic. Medical care shall not
5 include an overnight stay in a health care facility.

6 (e) Nothing in this Section prohibits a free medical clinic
7 from accepting voluntary contributions for medical services
8 provided to a patient who has acknowledged his or her ability
9 and willingness to pay a portion of the value of the medical
10 services provided.

11 (f) Any voluntary contribution collected for providing
12 care at a free medical clinic shall be used only to pay
13 overhead expenses of operating the clinic. No portion of any
14 moneys collected shall be used to provide a fee or other
15 compensation to any person licensed under Medical Practice Act
16 of 1987.

17 (g) The changes to this Section made by this amendatory Act
18 of the 94th General Assembly apply to causes of action accruing
19 on or after its effective date.

20 (Source: P.A. 94-677, eff. 8-25-05.)

21 (Text of Section WITHOUT the changes made by P.A. 94-677,
22 which has been held unconstitutional)

23 Sec. 30. Free medical clinic; exemption from civil
24 liability for services performed without compensation.

25 (a) A person licensed under the Medical Practice Act of

1 1987, a person licensed to practice the treatment of human
2 ailments in any other state or territory of the United States,
3 or a health care professional, including but not limited to an
4 advanced practice nurse, physician assistant, nurse,
5 pharmacist, physical therapist, podiatric physician
6 ~~podiatrist~~, or social worker licensed in this State or any
7 other state or territory of the United States, who, in good
8 faith, provides medical treatment, diagnosis, or advice as a
9 part of the services of an established free medical clinic
10 providing care to medically indigent patients which is limited
11 to care that does not require the services of a licensed
12 hospital or ambulatory surgical treatment center and who
13 receives no fee or compensation from that source shall not be
14 liable for civil damages as a result of his or her acts or
15 omissions in providing that medical treatment, except for
16 willful or wanton misconduct.

17 (b) For purposes of this Section, a "free medical clinic"
18 is an organized community based program providing medical care
19 without charge to individuals unable to pay for it, at which
20 the care provided does not include the use of general
21 anesthesia or require an overnight stay in a health-care
22 facility.

23 (c) The provisions of subsection (a) of this Section do not
24 apply to a particular case unless the free medical clinic has
25 posted in a conspicuous place on its premises an explanation of
26 the exemption from civil liability provided herein.

1 (d) The immunity from civil damages provided under
2 subsection (a) also applies to physicians, hospitals, and other
3 health care providers that provide further medical treatment,
4 diagnosis, or advice to a patient upon referral from an
5 established free medical clinic without fee or compensation.

6 (e) Nothing in this Section prohibits a free medical clinic
7 from accepting voluntary contributions for medical services
8 provided to a patient who has acknowledged his or her ability
9 and willingness to pay a portion of the value of the medical
10 services provided.

11 Any voluntary contribution collected for providing care at
12 a free medical clinic shall be used only to pay overhead
13 expenses of operating the clinic. No portion of any moneys
14 collected shall be used to provide a fee or other compensation
15 to any person licensed under Medical Practice Act of 1987.

16 (Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

17 (745 ILCS 49/50)

18 Sec. 50. Podiatric physician ~~Podiatrist~~; exemption from
19 civil liability for emergency care. Any person licensed to
20 practice podiatric medicine in Illinois, or licensed under an
21 Act of any other state or territory of the United States, who
22 in good faith provides emergency care without fee to a victim
23 of an accident at the scene of an accident or in case of
24 nuclear attack shall not, as a result of his acts or omissions,
25 except willful or wanton misconduct on the part of the person

1 in providing the care, be liable for civil damages.

2 (Source: P.A. 89-607, eff. 1-1-97.)

3 (745 ILCS 49/68)

4 Sec. 68. Disaster Relief Volunteers. Any firefighter,
5 licensed emergency medical technician (EMT) as defined by
6 Section 3.50 of the Emergency Medical Services (EMS) Systems
7 Act, physician, dentist, podiatric physician ~~podiatrist~~,
8 optometrist, pharmacist, advanced practice nurse, physician
9 assistant, or nurse who in good faith and without fee or
10 compensation provides health care services as a disaster relief
11 volunteer shall not, as a result of his or her acts or
12 omissions, except willful and wanton misconduct on the part of
13 the person, in providing health care services, be liable to a
14 person to whom the health care services are provided for civil
15 damages. This immunity applies to health care services that are
16 provided without fee or compensation during or within 10 days
17 following the end of a disaster or catastrophic event.

18 The immunity provided in this Section only applies to a
19 disaster relief volunteer who provides health care services in
20 relief of an earthquake, hurricane, tornado, nuclear attack,
21 terrorist attack, epidemic, or pandemic without fee or
22 compensation for providing the volunteer health care services.

23 The provisions of this Section shall not apply to any
24 health care facility as defined in Section 8-2001 of the Code
25 of Civil Procedure or to any practitioner, who is not a

1 disaster relief volunteer, providing health care services in a
2 hospital or health care facility.

3 (Source: P.A. 95-447, eff. 8-27-07.)

4 Section 999. Effective date. This Act takes effect upon
5 becoming law.

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12	210 ILCS 25/7-101	from Ch. 111 1/2, par. 627-101
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- 3 720 ILCS 570/102 from Ch. 56 1/2, par. 1102
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